

THE INTEGRATION OF NEGATIVE EXPERIENCE
BY HIGH AND LOW FUNCTIONING WOMEN

By
MARY LEMKAU HORN

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and
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By

Mary Lemkau Horn

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The purpose of this research was to compare the integration of negative experiences of a sample of high functioning women and a sample of low functioning women. It is based on the symbolic interaction theory that in defining self, the individual evaluates herself on the societal standards of adequacy, worthiness, gratification and security. The self is constantly redefined as the individual experiences every day. During this constant redefinition, the individual develops a pattern of coping with experience that exhibits itself again and again in the process of living. Tested here was the theory that the level of functioning of the individual is related

to experience, and it was found that the high functioning woman in this sample did integrate her negative experiences more completely than did the low functioner.

The sample consisted of thirty women: fifteen high functioners and fifteen low functioners. All of the subjects were twenty-five years old or older, with an age range of twenty-five to sixty. The mean age of the low functioning group was 38.4 years; of the high functioning group 40.0 years. The total sample was urban, white and of a middle class orientation and life style. All of the women referred to themselves as career or professional women.

The sample was nominated by five nominators, chosen because of their knowledge of women working in the community of Gainesville, Florida. The nominators came from various segments of the community (university, business, religious, government and service) and all were self-actualizing as tested by the Personal Orientation Inventory (1964).

Each of the 110 nominated women was given the Personal Orientation Inventory and in all cases the nominations were validated by the test. Fifteen high and fifteen low functioners were then chosen for the purposive quota sample. Each subject was interviewed by the writer and given the Edwards Personal Preference

Schedule (1959). The factors of achievement, intraception and endurance from that test were used as measures of the mental health of each subject. The interviews were tape recorded and rated for their objectivity (reliability) by raters whose reliability had been established. Other reliable raters listened to all the tapes and rated each of each subject's four negative experiences on a scale of integration. In addition, the raters designated the source of help, if any, received by the subject, and the present perception of each experience by the subject.

The data collected support the hypothesis that, for this sample, the high functioners integrated negative experience into their personalities more completely than did low functioners. Low functioners used the services of professional helpers more frequently than did high functioners, and high functioners relied upon themselves in the integration of their negative experiences more often than did low functioners. Both groups in the sample used non-professional friends, relatives and husbands to talk to and get help from. In terms of the present perception of negative experiences, the high functioners saw more negative-positive outcomes than did the low functioners. This group also had a higher level of mental health as measured by selected factors on the Edwards Personal Preference Schedule.

CHAPTER I

INTRODUCTION AND STATEMENT OF THE PROBLEM

Human beings are dependent upon one another. They do not survive well in isolation and they have capacities which enable them to profit from cooperative actions. The qualities of dependency and ability are based on several characteristics of humans which include plasticity, symbol-making and symbol-using, and self-evaluation. Plasticity refers to the fact that few of a person's actions are genetically determined. He is not biologically compelled to be a devoted mother or a brave soldier; his range of responses to stimuli is very wide (Bredemeier and Toby, 1963).

The capacity for symbol-making and symbol-using is also basic to humans and their culture. Other animals perceive directly, but man intervenes by the use of symbols, which expand the range of communication possible to him. This capacity often heightens man's needs for dependency on others in terms of the assignment of meaning to symbols. For such assignment there needs to be consensus; without it, communication is impossible.

Another of man's capacities is his self-consciousness. He perceives himself as an object to use or be

used. For example, he can see himself as a tool for serving some "high purpose," or place himself in a position where everything else should serve him. This implies another dimension of dependence--his dependence on the attitudes of others. Man's self-evaluation is influenced by the evaluations of others. His images of himself are a mixture of his perceptions of others' images of him and his reactions to those perceptions.

Bredemeier and Toby (1963) discuss standards by which people evaluate themselves and are evaluated by others. The individual adopts group standards of adequacy, worthiness, gratification and security. These mean that "he needs to feel that he can do competently the tasks his fellows think he ought to do" (adequacy), "that what he is or does is a good thing to be or do" (worthiness), "that he is getting a sense of fulfillment out of life" (gratification), and "that he 'belongs,' that there are others who care about him and about whom he cares, whose lives are closely interwoven with his" (security) (p. 10). These feelings are necessary to the individual and are interdependent.

This argument for symbolic interactive function recognizes a social psychology of individual differences. Because human beings are unique, they are differentially

able to meet social standards and are evaluated and evaluative in terms of falling on a continuum of social and personal functioning. If we view social members on this continuum, we can note the individuals on the far left as "low functioning" and on the far right as "high functioning." Functioning is defined in terms of the self-evaluative standards of adequacy, worthiness, gratification and security, which are worked out in a social framework. The social interactive defining of self is constantly redefined by the individual as he experiences every day.

Significant experiences are those experiences which are readily rememberable and subject to recall. Some experiences are seen as more unique and meaningful to the self than are others. The individual has existential choices in assigning meaning to these experiences which are idiosyncratic to him. Logically, as individuals move into early adulthood, a pattern emerges which is fairly consistent. This pattern is based on the results of self-evaluation and the evaluation of others' evaluations. The handling of experiential data is usually done within the framework of a fairly stable self-concept based on the integration of environment and self. The pattern that emerges is a generally consistent way of dealing with the experiential world.

The following examples indicate the general patterns developed by high and low functioning individuals. They are taken from the six tapes of the pilot study done for this research. The first example is from a forty-two year old woman, who has become a very successful lawyer. The second example, that of the low functioner, represents the experiences of a twenty-seven year old social worker, who was unemployed at the time of the interview.

High Functioner. I can still remember the day when my poor father came home for supper with the notice to vacate from the rental agent, because some rich landlord had decided to tear down our tenement building and build high-rise apartments, which we could never afford. All my friends and people that I loved in the world were in that neighborhood. I still remember sobbing and crying and how my father, very sad and sobbing too, yet in a strange way with all the strength of character, said to me: 'M____, this is an important day in your life. Let this be an example to you of how poor people get pushed around by the rich. Get an education because that's one thing they can't take away from you.' That conversation stuck with me and I worked my way through the University and Law School. In retrospect, I recall that as one of the crucial turning points in my life, but also as one of the worst experiences at the time.

Low Functioner. I think all the time about those experiences when I was in high school and we had to move from our house. The apartment complexes were built right up to our door and our chickens had to go. Then the Health Department came and made us put rat poison all around because of the rats and our dogs died. I still cry when I think of my dogs and those horrible people who killed them. I can't shake off those things and those terrible things still happen to me and my mother all the time, like when we had to move because there wasn't anything else to do.

A good deal of research has been done on the high functioner. The concept is viewed by Maslow as "self-actualization," by Landsman as "the beautiful and noble person," and by Jourard as the "self-discloser." This thesis is specifically concerned with the high functioners, but also deals with low functioning individuals. It will look at negative experience and its integration into the social psychology of high and low functioning individuals. More succinctly, it is a study of some major aspects of the social psychological processes whereby the individual defines himself and is defined by others as a relative high or low functioner. The study is also concerned with some correlates of high and low functioning. Individuals deal with negative experiences and through their early socialization they learn relatively consistent patterns and techniques for handling their experiences. The outcomes of the experiences are also relatively consistent. It is this relative consistency in pattern of meeting the standards of adequacy, worthiness, gratification and security through which the individual, in interaction with his social peers, learns to define himself and, in turn, be defined by others. In short, the individual himself is usually the prime actor and factor in his evaluation.

This conceptualization is founded on an existential base which assumes that man is not only unique but that

he is free to choose situational and behavioral alternatives in his life quest. This is, in essence, an interactionist and self-deterministic model (James, 1904; and Mead, 1959), and, to some extent, ignores the more social-deterministic model emphasized by most sociologists. The role of fate, humble birth, disfiguring accident, bad luck or other catastrophe is better dealt with in the interactionist and self-deterministic models. These models seem adequate to meet these unusual conditions, and, for expository reasons, seem superior to the more global social-deterministic model.

The focus of this thesis is on the integration of negative experiences; how, personally, these experiences are handled by the individual. To arrive at the best predictive statement, the writer has used the individual's historical way of handling these experiences. Several writers (Cannell and Kahn, 1953; Good and Hatt, 1952; Miller, 1970; Selltitz et al., 1961) suggest that the natural history technique is the best predictor available to discover and provide a pattern by which the individual deals with his experiences. Blouch (1969) states that "the meaning of an experience must be obtained from the experiencing person" (p. 5). The meaning of an experience is dependent on the experiencing person's perceptions of it and on his perceptions of how others perceive

it. The experiencing individual must be a source of those perceptions (Allport, 1942; Combs and Snygg, 1959; Gendlin, 1962; Rogers, 1961).

Rationale

Research by Landsman (1968), Maslow (1962), Rogers (1961), Shostrom (1967), and Duncan (1970) has suggested that there is a definite relationship between positive human experience and high functioning or self-actualization. The questions of negative experience as related to high functioning and of negative experience to low functioning have been dealt with only in a minor way in the literature. Maslow (1962) speculates that struggle, pain, and suffering are sometimes necessary for growth, and Combs and Snygg (1959) suggest that the healthy person is open to the total range of his experiences. This implies that he has the capacity to assimilate negative experiences so that they help develop his healthy self, or, at least, not hinder its development (McKenzie, 1967, p. 3). On the other hand, Duncan (1970) suggests that low functioning people passively accept negative experience, internalize it, and add it to their already negative self-perceptions (pp. 151-152). Self-actualization theory needs more descriptive studies of the relationship of negative experience to the development of

high or low functioning people. More specifically, the present study attempts to look at this relationship through the experiences of a sample of high and low functioning middle class women in the community of Gainesville, Florida. The integration of their negative experiences into their personalities was examined.

CHAPTER II

REVIEW OF THE LITERATURE

The self-deterministic model outlined in Chapter I is partially based on the foundations of self theory and borrows much from the contemporary works of Fitts (1970), Coopersmith (1967), Wylie (1970), Maslow (1962), Rogers (1954, 1961), Rosenberg (1972), and Kaplan and Meyerowitz (1970). Some of these writers have also attempted to study and classify human experiences (Jones et al., 1964; Landsman, 1961; Margoohes and Litt, 1966; Maslow, 1962; Thorne, 1963). In the present chapter, some of the basic formulations of self theory and experience theory will be discussed as documented in the literature.

The Theoretical Foundations of Self Theory

Coopersmith (1967) succinctly consolidates self theory as "an organized configuration of perceptions pertaining to the self which are admissible to awareness." It is composed of the following:

1. Perceptions of one's characteristics and abilities.

2. Perceptions of one's relation to others and their environment.

3. Value qualities perceived or associated with one's experience.

4. Personal goals which are perceived as having positive or negative worth (p. 37).

Numerous authorities have contributed to the constructs of self theory. Exactly who should be given special recognition becomes an issue of the theoretical context under which the self concept is being examined. For example, the works of Erikson (1963) make use of the concept of self esteem, but his theories employ many other assumptions, such as the function of critical age periods, and the overall turmoil of adolescence. Rogers' work (1954) is concerned with the individual's experiences relating to self and how these experiences are accepted by the individual. Rogers, like others, believes that only the individual himself has complete knowledge of his experiences. As such, only the individual can be a valid source of information about himself.

Writers such as Symonds (1951) or Koffka (1935) describe the self in terms of psychoanalytic theory using the concept of ego, whereas Lundholm (1940) prefers to describe the self in terms of reaction to conflict. Sarbin (1952) discusses self using concepts

of cognition; that is, one's awareness of his body (somatic self), his organs (receptor-effector self) and his social behavior (social self).

In practically all discussions of self theory, however, three names emerge as important pioneers in the formulation of the theory. These three, William James, G. H. Mead, and Charles H. Cooley, provided the major insights and developed the guidelines which contemporary contributors have built into the theory of self.

William James. James, a psychologist and philosopher, was one of the first to consider the subject of self. In his work, Principles of Psychology (1904), he points out that one's aspirations and values are essential considerations in determining how one regards himself:

That he is able to beat the whole population of the globe minus one is nothing; he also has pitted himself to beat that one; and as long as he doesn't do that nothing else counts...with no attempt there can be no failure, no humiliation. So our self-feeling in this world depends entirely on what we back ourselves to be and do. It is determined by the ratio of our actualities to our supposed potentialities; a fraction of which our pretentions are the denominator and the numerator, our success: Thus self-esteem equals success over pretentions (1904, pp. 187-188).

Self esteem, then, is a function of the differences that exist between one's personal concept of himself

as he is and his ideal of what he would like to be considered to be.

James stresses the importance of one's value system in determining how he judges himself. If a task has little value to the individual, failure means little to him. To another individual, the same task may well be of great importance. James believed that man evaluates himself "as easily as we weigh other people--through our own eyes, though with difficulty quite fairly" (1904, p. 185). Regardless of the external expression of the moment, James argues that man knows his own worth by measuring it against the outward standards he applies to others. Those persons who have had numerous successes have no question of their worth, but those who have a history of failures usually begin to distrust their actions.

An important concept which was introduced by James, but expanded on by many others, is what he called the social self. The social self, according to James, is the image which man portrays to others. Each person has many such images, and each one is an important part of his whole self-image: "To wound any of these, his images, is to wound him" (1904, p. 179).

Charles Horton Cooley. Cooley's major work, Human Nature and the Social Order, first published in 1902,

emphasized the social self which James had introduced. In fact, Cooley frequently quotes James' text as he develops his thesis. For example, Cooley states that "The social self is simply any idea, or system of ideas, drawn from communicative life, that the mind cherishes as its own" (1964, p. 179).

The reference to other persons involved in the sense of self may be destined and particular, as when a boy is ashamed to have his mother catch him at something she has forbidden, or it may be vague and general, as when one is ashamed to do something which only his conscience, expressing his sense of social responsibility, detects and disapproves; but it is always there. There is no sense of 'I' (self) as in pride or shame without its correlative sense of you or he or they. Even the miser gloating over his hidden gold can feel the 'mine' only when he is aware of the world of men over whom he has secret power (1964, p. 183).

Cooley accents his discussion of the social self-feeling by saying that this feeling exists with all people as the mainspring of their endeavor and as the chief interest of their imagination (1964, p. 208).

One frequently quoted concept of Cooley's, which is closely related to the social self, is what he describes as the "looking glass self": how the individual imagines he appears in another's mind.

As we see our face, figure and dress in the looking glass; and are interested in them because they are ours, and pleasure or otherwise with them. . . so in imagination we perceive in another's mind some thought of our appearance, manners, aims, deeds, character, friends, and so on, and are variously affected by it (1964, p. 184).

The looking glass self is comprised of three principal parts: the imagination of one's appearance to the other person; the imagination of that person's judgment of the appearance; and an evaluation of that imagined judgment, such as pride or mortification.

George H. Mead. Mead's text, Mind, Self, and Society (1959), is also an elaboration of what William James called the social self. Mead asserts that the self is something which is developed after birth from processes of social experiences; he further claims that the individual sees himself by becoming an object to himself through incorporating the attitudes of other individuals in a group. "The self, as that which can be an object to itself, is essentially a social structure, and it arises in social experiences" (1959, p. 140).

Mead believed that all men seek the "realization of this self," a realization which can be attained only by the self's relationship to the others it comes in contact with. "It realizes itself in some sense through its superiority to others, and it recognizes its inferiorities in comparison with others" (1959, p. 204). The individual, he stressed, responds to himself in much the same way as he perceives the response of significant others to him. Stanley Coopersmith, in discussing George H. Mead's contribution, writes:

To Mead, no man is an island in his self-appraisal. No matter how isolated and independent he may believe himself to be, he carries within himself the reflecting mirror of his social group. If he places high value on himself, there have been key persons in his life who have treated him with concern and respect; if he holds himself lowly, significant others have treated him as an inferior object. The views of generalized (significant) others as expressed in their manner of treatment are Mead's key to the formation of self-esteem (Coopersmith, 1967, p. 31).

Karen Horney, of the same era as Mead, wrote that "To some extent everyone living in an organized community must keep up appearances. To some extent, everyone of us has imbibed the standard of our environment. To some extent we are all dependent on the regard others have for us" (1939, p. 216).

Later, Horney contributed more to self theory as she surmised that:

Whatever the conditions under which a child grows up, he will, if not mentally defective, learn to cope with others in one way or another and he will acquire some skills.... The human individual, given the change, tends to develop his particular human potentialities. He will develop then the unique alive forces of his real self; the clarity depth of his own feelings, thoughts, wishes, interests, the ability to tap his own resources, the strength of his willpower; the special capacities or gifts he may have, the facility to express himself and to relate to others with his spontaneous feelings... in short, he will grow, substantially undiverted toward self-realization.... Only the individual himself can develop his given potentialities, but, like any other living organism, the human individual needs favorable conditions for his growth.... But through a variety of adverse influences, a child may not be permitted to grow (1950, p. 17).

Horney believed that many things, such as lack of parental love, lack of recognition for accomplishments and similar environmental deprivations, keep a child from self-growth. A child's reaction to environmental deprivation depends upon the contingencies of the environment.

"Briefly, he may try to cling to the most powerful person around him; he may try to rebel or fight, he may try to shut others out and withdraw. In principal, this means he can move forward, against or away from others" (1950, p. 18).

Like James and Mead, Horney stressed the importance of the positive reinforcement which results from successful experiences. She believed that success experiences provide idealized images of one's capacities and abilities. These ideals tend both to strengthen self-esteem and, at the same time, to lead to dissatisfaction if the ideals are not met.

While the basic theoretical formulations of self theory are not new, there appears to be a contemporary reawakened interest on the part of behavioral scientists. Morris Rosenberg, a sociologist at the National Institutes of Mental Health, surveyed over 5000 adolescents for the purpose of seeing "how they saw themselves, how they felt about themselves, and what criteria for

self-evaluation they employed." The Rosenberg study emphasized social antecedents of self-esteem and, as such, demonstrated that ethnic group affiliation is unrelated to self-esteem; socio-economic status is only weakly related to self-esteem; religion has no effect on self-esteem; sex is not related to self-esteem; and it makes no difference in regard to self-esteem whether one comes from a large city, a medium sized community, or a small town. He did find a strong positive association between high self-esteem and the amount of demonstrated interest and concern provided by parents and significant others (1972, p. 145).

Rosenberg also made an important contribution to the literature in his discussion of the enduring phenomena of self-attitudes. Self-attitudes and self-concept are thought not to change radically over the years once they have come to realization sometime around adolescence. Rosenberg asserted that attitudes about the self are very much the same as attitudes about any subject. "Social psychological research," he stated, "has suggested that it is easier to change people's minds about new facts, less easy to change opinions, still harder to change attitudes, and hardest of all to change motivation" (1972, p. 289). Rosenberg goes to great lengths in his text to compare self-attitudes with other object attitudes.

He, like others, points out that attitudes about an object can be classified by the dimensions of content, direction, intensity, importance, salience, consistency, stability, and clarity. Self-attitudes, Rosenberg suggests, are also classified by the same dimensions:

Thus, if we can learn what the individual sees when he looks at himself (his social statuses, roles, physical characteristics, skills, traits, and other facets of content); whether he has a favorable or unfavorable opinion of himself (direction); how strongly he feels about his self-attitudes (intensity); how important the self is, relative to other objects (importance); whether he spends a great deal of time thinking of what he is like--whether he is constantly conscious of what he is saying or doing--or whether he is more involved in tasks or other objects (salience); whether the elements of his self-picture are consistent or contradictory (consistency); whether he has a self-attitude which varies or shifts from day to day or moment to moment, or whether on the contrary, he has a firm, stable, rock-like self-attitude (stability); and whether he as a firm, definite picture of what he is like or a vague, hazy, blurred picture (clarity)--if we can characterize the individual's self-picture in terms of these dimensions, then we would have a good, if still incomplete, description of the structure of the self-image (1972, p. 7).

Stanley Coopersmith (1967) did a study of 1748 pre-adolescents (ages 8-10) attending public schools in central Connecticut. His study focused on three dimensions of self-esteem; antecedents, consequences and correlates. Coopersmith saw his task as examining "various major determinants of self-esteem proposed by other researchers and ourselves and deciding which of

them can be considered trustworthy" (1967, p. 235). He concluded that the most general statement that could be made about the antecedents of self-esteem could be given in terms of three conditions: "total or nearly total acceptance of the children by their parents, clearly defined and enforced limits, and the respect and latitude for individual action that exist within the defined limits" (p. 236). Parents of children with high self-esteem, he found, are those who are attentive toward their children, who structure the worlds of their children but allow them freedom within the structure.

The way in which individuals weight their successes and failures is determined by the values they espouse. However, Coopersmith is quick to point out that values are not something which can be selected at will based on an individual's performance or capacities:

Our own findings indicate that such a condition of free value selection and emphasis do not, in fact, prevail, but that persons of all levels of self-esteem (and all levels of ability performance and social skills) employ very similar standards to judge their worth.... Thus, although individuals are theoretically free to select their values, the years spent in home, school, and peer groups generally lead to acceptance of group standards and values (1967, p. 144).

One's values then, will be determined by the standards of group peers, family and other significant others;

however, the way in which individuals appraise their attainment or lack of attainment will vary among individuals.

William H. Fitts, a behavioral scientist from the Dede Wallace Center in Nashville, Tennessee, has spent his entire professional career studying the self-concept and has authored dozens of publications pertaining to this concept. He has developed the Tennessee Self-Concept Scale, a self-administered multidimensional measure of the self-concept. He describes self-concept theory by saying that:

The way an individual views and interacts with the world around him is partly a function of the way he views himself (his self-concept); that his behavior is a reflection or expression of his self-concept; that his self-concept is influenced by his behavior, the reactions he gets from the external world, and his own reactions to himself. Thus there is a constant interaction between his self-concept and his behavior, each influencing the other (1969, cover overview).

Fitts has also devoted much effort trying to extend the work of others who are studying the self-concept, especially those using his scale. He has examined numerous studies which have demonstrated the self-concept as the criterion variable of aspects of human behavior such as performance, psychopathology, delinquency, sexual attitudes, anxiety and many others.

Agreeing with others who have written on the subject, Fitts states that self-attitudes are relatively enduring phenomena. He asserts that some limited change in a positive direction has been observed in treated psychiatric patients (Wagner and Fitts, 1973, p. 14) and that there have been some recorded minor changes as the result of sensitivity training (p. 18). For the most part, however, Fitts agrees with other authorities that the self-concept is quite difficult to change, and in all probability remains relatively constant throughout life for most people. In his studies on the self-concept and delinquency he summarizes that, "Change in self-concept is difficult to accomplish, and even intensive treatment programs produce little change over short periods of time" (1965, p. 97). Thus Fitts gives further support to the contention that the way in which one views himself is not likely to change over time.

A contemporary of Fitts, who is concerned with him about the "proliferation without integration" of studies and theories pertaining to the self-concept is Ruth Wylie. Her text, The Self-Concept: A Critical Survey of Pertinent Research Literature (1970), is an important contribution toward the condensation of numerous constructs into theory. In discussing the development of the self-concept, she states that "all personality

theorists who are concerned with constructs of the self, accord great importance to parent-child interaction" (1970, p. 121). This notion follows from the general ideas of:

1. The self-concept is a learned constellation of perceptions, cognitions and values.
2. An important part of this learning comes from observing the reaction one gets from other persons.
3. Parents are the persons who are present earliest and most consistently (p. 121).

Wylie continues that there are a number of general ways in which social interaction and the self-concept are related, among which are such things as communications with significant others, achievement of valued goals, and recognition by others of achievements.

The greatest contribution of Ruth Wylie to self theory is that of trying to objectively report and assess the findings of scores of studies related to self theory. Unhappily, she concludes that there is such a wide difference in instruments used, in testing conditions and in the characteristics of the subjects that many of the constructs of self theory are of somewhat undetermined validity. What is needed (and apparently has never been done) she states, is a large, longitudinal study on which to base a description of the development of the self-concept (1970, pp. 317-334).

Experience Theory

In the present century, human experience has been a subject of study in the fields of education, sociology, and humanistic psychology. Landsman (1966) proposes the development of a human experience theory, but believes that more study of experience must be done to complete the body of knowledge about experience, both positive and negative.

The work of Landsman (1961, 1967, 1968, 1969, 1974) directly influenced the present research. Based on his study of positive human experience, Landsman postulates the "beautiful and noble person," who is the result of many positive experiences. He ventures the hypothesis:

That the beautiful person must first and above all, be a self-accepting, self-liking, self-enjoying, self-expressive, self-understanding person. Secondly, he is characterized by a joyful, passionate relationship with his external environment; he loves the sidewalks of New York, or the mountains of New Hampshire, or the New Mexico deserts, or the dusty village roads, the paintings on the wall of the Metropolitan, the hum of the lathe, the shining tile of the kitchen. In his third highest manifestation, he is characterized by a particular relationship with other human beings, a compassionate, helping, personally facilitating one, which involves love, deep care and commitment (1968, p. 16).

Landsman, in addition to his study of positive experience, reports that the following factors are related to higher levels of personal functioning:

1. That solitude during the functioning is more facilitative than the presence or cheering on of others, even of the important others.
2. That a solid foundation of early positive human experiences is necessary.
3. That during negative experiences the availability of a helping person facilitates the 'using of such adversity.'
4. That the existence of a deep seated, powerful yearning may often be involved.
5. That one can learn to be or not to be one's best (enoblement).
6. That the worst and the best can reside in the same self (1967).

The beautiful and noble person is one who seems so to others. He has an inner, compassionate and spiritual feeling, but it must be evidenced to others. There is an "other" referrent inherent in the concept.

The self-actualized person of Maslow seems to use the inner experience as the referrent. He has outlined a theory of self-actualization (1962) which states that once the biological and emotional needs of a person are met, he can then work on his unique self. This self interacts with its environment in constructive ways, but is self-aware, inner-motivated, and able to meet its own needs.

Maslow studied numerous accounts of "peak experiences," which he defined as

an episode, or a spurt in which the powers of the person come together in a particularly efficient and intensely enjoyable way, and in which he is more integrated and less split, more open for experience, more idiosyncratic, more perfectly

expressive or spontaneous, or fully functioning, more creative, more humorous, more ego-transcending, more independent of his lower needs, etc. He becomes in these episodes more truly himself, more perfectly actualizing his potentialities, closer to the core of this Being (p. 91).

Peak experience was defined by Leach (1962) as "that highly valued experience which is characterized by such intensity of perception, depth of feeling, or sense of profound significance as to cause it to stand out in the subject's mind, in more or less permanent contrast to the experiences that surround it in time and space" (p. 11).

Privette (1964) studied positive experience in terms of "transcendent functioning." She contrasted an experience in which a person functioned "beyond the predictable, modal level" (p. 2) to an experience in which the same person functioned at his "modal level," or his usual level of functioning. These included "a clear focus upon self and object and the relationship between the two" and "intense involvement and commitment" (p. 87).

Life experiences and situational variables of samples of self-actualized, modal and low-functioning college students were compared by Duncan (1970). He found no relationship between the individual type of reported experience and the level of functioning. When

he compared the patterns of experience, however, he found that the low functioning subjects reported a consistently negative oriented pattern while the modals reported a consistently positive oriented pattern. The self-actualizing subjects were more like the low functioning when the total life was considered. Duncan suggests that there needs to be more study of the negative experiences of low and high functioning subjects.

Rogers (1961) writes of the "fully functioning person," who is not static, but is fluid and growing. The process is one of becoming, of openness to experience and the ability to live in the present. The fully functioning person trusts himself. Victor Raimy (1948), a student of Rogers, developed the concept of "self-reference" to deal with these processes of becoming and of trusting in the self. He analyzed the changes in self-references during therapy, and found that at the beginning of therapy the clients gave a preponderance of disapproving or ambivalent self-references. As counseling progressed there were fluctuations in self-approval occurring with greater ambivalence. At the end of counseling those clients who were judged to be improved were making a greater number of self-approving statements while those who had not improved were still ambivalent and disapproving of themselves.

Building on the works of Rogers, Perls and Raimy, and adding to Maslow's concept of synergy as set forth in Toward a Psychology of Being (1962) was Everett Shostrom. Synergy is the ability to see the opposites in life. To Shostrom, the self-actualized person is able to experience and integrate the opposites in his own existence and experience. He is able to appropriately express anger, tenderness, caring, lust, weakness, power, etc. The low functioning person, on the other hand, cannot perceive, or finds unacceptable, some parts of his personality and cannot fully use his own personality. The self-actualized person is able to live out all the dimensions of his personality. Shostrom has developed the Personal Orientation Inventory, a measure of self-actualization, which will be discussed below.

Other writers have contributed to the study of self-actualization, or high functioning. Moustakas (1961) discussed the value of loneliness to the development of the full person. It is an existential loneliness and not the anxiety loneliness of the neurotic. Existential loneliness is in the self and motivates the individual to be in contact with his own inner being. Moustakas writes that this can be a very creative experience and describes composers, artists and writers who

must be alone at times to reconstitute themselves. The recurring need of solitude is a characteristic of self-actualized people.

The late Sidney Jourard (1964) stated that the self-actualized person needs to self-disclose. He believed that it is only in the process of being fully known by others that one can fully experience his own being. The self-actualized person is in touch with himself.

That self-actualization is the result of living for a purpose is Frankl's (1963) thesis. He warns against a preoccupation with self-actualization, and says that one must lose oneself in a greater quest before he can become self-actualized. Frankl describes the neuroses which result from lives without meaning, purpose or goals.

The self-actualization process of university freshman women was studied by Jane Rosenthal (1968). She found that:

1. On the average, university freshman women students do experience positive growth in self-actualization during their first year in college.

2. The Personal Orientation Inventory scale measuring inner-directedness is the best single indicator of the quality and level of self-actualization.

3. Inferences from interview and autobiographical data suggest that students who scored high on the POI other-directed scale experience more frustration in their routine activities.

4. Students who scored high on the total POI may expect a growth pattern showing the greatest change in those concepts in which they scored low at the beginning of their college careers; the students who scored low on the POI may expect a growth pattern which shows similar changes in relation to most of the concepts of self-actualizing over a period of one year in college.

5. Positive relationships exist among data obtained from the POI, the interview and autobiographical techniques (Duncan, 1970, p. 7).

In another study using the POI, E. J. Green (1967) examined the relationship of self-actualization to achievement in nursing students, and found that time competence, spontaneity, synergy and self-regard as measured by the POI scales were significantly correlated with her achievement measures. Puttick (1964) developed another scale which identified the upper ten per cent of a teacher's college population in terms of mental health. He found that a basic factor in good mental health was "trust in the inner self" which is directly related to the "inner-directed" scale of the POI (Duncan, 1970).

In his study of intensity and personal involvement in experience, Lynch (1968) categorized intense experiences into four groups: pleasure, suffering, bitter-sweet and sweet-bitter. He found that the preponderance of reported intense experiences were suffering experiences. Pleasure and bitter-sweet experiences tended to open the individual to broader involvement with his world. Suffering and sweet-bitter experiences tended to close off the individual.

Several researchers have reported that there is a capacity to "forget" or block out experiences that are psychologically painful (McKeachie and Doyle, 1966, p. 314; Ruchs, 1963, pp. 137, 206). To better understand the Freudian concept of repression, some research was conducted between 1930 and 1955 on differential recall of pleasant versus unpleasant experiences. Meltzer (1930) asked 132 college students immediately after Christmas vacations to list their vacation experiences and to rate them as pleasant, unpleasant or neutral. Six weeks later he again asked these students to repeat from memory their lists. In the original lists, a majority of the experiences were rated as pleasant, and less than 25 per cent were described as unpleasant. Six weeks later, the ratio of pleasant over unpleasant experiences increased.

Sharp (1938) reported emotionally acceptable and unacceptable words from the case records of neurotics. The ability of patients to retain these words was tested and it was found that acceptable words were more frequently recalled. Hilgard (1956) summarized the results of studies of this kind. Of 51 studies reviewed, "thirty-two (63 per cent) favor more effective recall of the pleasant over the unpleasant, 14 (27 per cent) favor the reverse, and five (10 per cent) have neutral or ambiguous results" (p. 314).

These studies indicate that when subjects are asked for narrative accounts of extreme negative experiences, some important details of their experiences will be omitted, and others perhaps distorted. It is also possible that some subjects will be unable or unwilling to report their most negative experiences and will describe a less painful or milder experience instead (McKenzie, 1967, pp. 8-9).

For the purposes of this study it was not essential that the subjects reported accurately and completely the details of their negative experiences. What was important was that they were able to recall some of these experiences and relate through self-report the process leading to the integration of the experiences. Since the "forgetting" or unwillingness to delve back into the details of the

experiences may be a part of this process, that in itself may be a significant variable for study.

Thorne (1963) studied reports of both peak and nadir experiences. He asked subjects to complete a sentence beginning with "The most exciting experience of my life was when..." or, "The worst experience of my life was when..." (p. 248). He grouped his peak experience reports into six categories: sensual, emotional, cognitive, conative, self-actualizing, or climax experiences (pp. 249-250). Thorne's definition of a peak experience is "a subjective experiencing of what is subjectively recognized to be one of the high points of life, one of the most exciting, rich and fulfilling experiences which the person has ever had" (p. 248). A nadir experience is defined as "a subjective experiencing of what is subjectively recognized to be one of the lowest points of life, one of the worst, most unpleasant and harrowing experiences of life" (p. 248). Thorne presents a classification system for peak experiences, and uses the polar opposites of that system for classifying nadir experiences.

The sentence completion technique was used by Jones, Allen, and Haupt (1964) to collect narratives of nadir experiences. They found nadir experiences were distributed as follows:

1. Sensual experiences	6.0 per cent
2. Emotional experiences	26.0 per cent
3. Cognitive experiences	8.5 per cent
4. Conative experiences	51.6 per cent
5. Actualization of self	4.2 per cent
6. Climax experiences	1.0 per cent
7. No experience reported	2.3 per cent

Jones, et al. (1964) define nadir experiences as ones in which "the self feels thwarted, blocked, frustrated or traumatized in some respect. Nadir reports usually involve experiences with death, illness, tragedy, loss, degradation of self" (p. 347).

Margooses and Litt (1966) studied "vivid" experiences, which included both peak and nadir experiences. Both normal and psychotic subjects were asked to respond to the question "Which of your major life experiences do you recall most vividly?" Their subjects were 96 institutionalized psychotics and 96 normal college students. Chi square analysis showed a significant difference between psychotic and normal subjects in the percentage of peak and nadir experiences reported, with normals reporting more peak experiences. Psychotics reported more vivid experiences, however, and the experiences of normal subjects were more stereotyped and flat.

The interpersonal experiences which opened or closed the elementary school child to further interpersonal experiences were investigated by Blouch (1969). He found that positive-positive experience would be reported as opening more than any other of the negative and positive combinations. He also found that the continuing relationship experience was more opening, and the brief, terminal or single interpersonal experience was more closing.

Hayes (1969) compared black and white males in terms of their positive and negative manhood experiences. No significant difference in frequencies of positive manhood experiences were reported by black and white males. Significant differences were found in the negative manhood experiences of black and white males. The white subjects reported more negative interpersonal experiences in which they felt unloved and uncared for. Black males reported more physical abuse and personal humiliation. White males reported more personal inadequacy experiences.

In his study of "turning point experiences," Fuerst (1965) asked his subjects to report "an experience which is perceived as precipitating a major change in their lives." The experiences were looked at in terms of whether they were positive or negative in their effects upon the subjects. A turning point experience was

positive if the subject reported that it was positive and had beneficial results (p. 26). In order of frequency, the positive turning point experiences related the following kinds of experiences: illness or death of a relative, moving to a different city, engagement or marriage, influence of a significant other, educational experience, climax or introspection, personal injury or illness, religious experience, travel to a different state or country, vocational experience, divorce or separation, non-religious inspiration, success experience, change in parents' marital status, military service, miscellaneous. Four of these categories (illness or death of a relative, personal injury or illness, divorce or separation and change in parents' marital status), all positive turning point experiences, are experiences that are typically seen as negative. Fuerst states: "It was observed that although the triggering stimulus of several of the reported positive turning point experiences was initially perceived as unpleasant or negative, the after effects were perceived by subjects as beneficial or positive" (p. 94). Fuerst goes on to say:

Subjects 5 and 10, for example, report initial unpleasant reaction and shock when failing grades are received at school; the final effect however is beneficial, for it made subjects more determined to succeed and they changed for the better. Subjects 3 and 9 report losing a parent through death, but

after the initial grief, they report changing into more responsible and dependable individuals. It would appear that after the initial shock, such subjects perceive the situation as a challenge and face it realistically. Their reaction is quite different from the reaction of those subjects who report negative experiences. For the latter, a negative or unpleasant stimulus proved to be the triggering stimulus for an unhappy or negative experience. Three of these subjects, for example, report unpleasant school experiences as turning-point experiences, but instead of challenging the subjects as they did above in the case of subjects 5 and 10, the experiences had a negative effect and there was regression instead of growth. One cannot help wondering whether a counselor or some other significant other might tip the scale favorably if he were able to reach that person who was faced with a potential turning-point experience because of the loss of a relative through death. If a negative stimulus can produce either a positive or negative turning-point experience, an appropriate relationship with a counselor might be critically important for the outcome. There are other questions, too, that are raised. Why does a particular experience serve as a positive experience for one individual, a negative experience for another? Can the outcome be predicted if a particular individual is to be exposed to a particular situation that will be a crucial one for him? (pp. 94-96)

Accounts of turning-point experiences from three groups that were "assumed to have had more negative experiences than the other group" (p. 44) were also obtained by Fuerst. These groups were composed of male prisoners, institutionalized delinquent Negro girls, and clients at a university counseling center. Fifty-three per cent of these subjects reported negative turning-point experiences. In each case negative turning-point experiences were triggered by experiences also seen as

negative during the experience. Never was an initially positive experience reported as a negative turning-point experience, i.e., as having lasting harmful effects (p. 71).

McKenzie (1967) sought to answer the questions "Why does a particular experience serve as a positive experience (an experience leading to positive effects) for one individual and a negative experience for another?" and "Might a counselor or some other significant other tip the scale favorably if he were able to reach that person who was faced with a potential turning-point experience because of the loss of a relative through death" (p. 14). McKenzie found that the presence of a helping person could change a very negative experience into a negative-positive experience.

In a study reported by Baggett (1967), in which she asked 300 high school students to describe the experience in which they felt most understood by another person, all the subjects but one reported an experience which would have been expected to be negative. Experiences reported were concerned with being caught drinking by their parents, encounters with police, feelings of guilt associated with early sex experiences, etc. The experience of being understood is assumed in this study to be a positive one. But when the students were asked

to describe the experience in which they felt most understood they described painful and frustrating experiences as the background for the positive experience. Baggett's findings suggest that extreme negative experiences have the potential to become significant positive experiences and that the presence of another significant person may be a crucial factor in this outcome (McKenzie, 1967, p. 15).

Maslow (1962) has speculated that struggle, pain and suffering are sometimes necessary for growth. The above studies appear to support this speculation, as well as a more recent study by Peter Ebersole (1970). He attempted to provide some systematic evidence for the hypothesis that "for some people the effects of nadir experiences are positive or growth producing" (p. 207). Ebersole found that between 36 and 44 per cent of 36 state college students reported basically positive effects resulting from their nadir experiences. Thirty-nine per cent of the subjects said that nadir effects were more important than peak effects. He suggests that his data provide support for Maslow's contention that suffering can have beneficial effects and that more attention should be given to the study of negative experience and its effects in the overall study of positive growth and functioning. The present research attempts to do this.

Career Women

The sample used in the research to be presented here is made up entirely of professional-managerial women, all of whom are working in the community. A description from the literature of the characteristics of such women follows.

In the past decade there has been an awakening awareness of consciousness among women in this country. Much of the push in the "movement" has been from the professional woman in the work force. This push has been described by several writers (Farber and Wilson, 1963; French and Lesser, 1964; Horner, 1969; McClelland et al., 1953) as an "achievement motive." McClelland et al., (1953) isolated the psychological characteristic of a need to achieve. They describe this as an internalized standard of excellence, motivating the individual to do well in any achievement-oriented situation involving intelligence and leadership ability. Matina Horner (1969) found that achievement motivation in women is much more complex than the same drive in men. Women find many inhibiting forces in their paths even if they are able and motivated to succeed. She states that as a result they are not as threatened by competition (p. 3) and are forced to be more strongly motivated.

Historically, there has been difficulty in describing the career woman in positive terms as illustrated in Lewis' Developing Women's Potential (1968). In characterizing this woman, Lewis states: "She is less well adjusted than those who are content to become housewives. Not only is she likely to have a poor self-concept, but she also probably lacks a close relationship with her family" (p. 33). As to the cause of this, Lewis suggests: "There is still the possibility that a career orientation among girls grows out of personal dissatisfactions, so that the career becomes a frustration outlet" (p. 34).

Recent studies do not support this view. Cartwright (1970), in a study of women in medical school, found that the largest sub-grouping came from "intellectual-harmonious" homes, and that a minority came from conflict-producing backgrounds. As a group these women were positive, effective persons with strong achievement motivation and desire to be helpful to others. Other studies (Katz, 1968; Helson, 1972; Watley, 1967) support this view. Helson (1972) states: "After a decade of waiting and watching, women have apparently been sold on the desirability of planning for marriage and work, and interest in a career can no longer be attributed to a tiny, deviant minority" (p. 37).

Hoyt and Kennedy (1958) used scores on the Edwards Personal Preference Schedule (EPPS) and the Strong Vocational Interest Blank (SVIB) to compare college students who intended to become homemakers and those who intended to pursue a career. The careerists had higher level professional interests on the SVIB and scored higher on Achievement, Intraception, and Endurance on the EPPS. Helson (1972) interprets the higher scores on these three factors as evidence of a high level of mental health. She states that these career-oriented students are "Serious, idealistic, ambitious and anxious to make a good impression" (p. 39).

Since the mid-sixties pressures have developed to enhance the participation of women in the work force. Helson (1972) lists some of these pressures:

1. The trend toward population control with the consequent need to deemphasize women's reproductive role and the contraceptive revolution making it possible to do so;
2. The increased number of divorced and widowed women who expect to support themselves and their children at more than a subsistence level;
3. The strength of anti-establishment ideology, particularly a new sophistication in exposing discrimination, which has been seen by women to be useful in furthering their own cause (p. 40).

Recent research on career women is reflecting these pressures (Asten, 1969; Bachtold and Werner, 1970; Cartwright, 1970; Ginzburg, 1966; Tangri, 1972). These studies find that women are putting their educations

to use, are serious, competent, committed and individualistic. They also stress that the individual woman should not blame herself for failure or very modest success in a profession. They see the problem as social and state that institutions must change by innovations in hiring practices and sex stereotypes. To date no social image exists of women as creative in the world of work. The studies cited stress the need for such an image to provide "a psychological and interpersonal context which will be adequate to support a new level of intellectual and professional participation on the part of women" (Helson, 1972, p. 43).

Integration

One of the major issues of the dynamics of the highly functioning woman is that of how fully she has inculcated her negative experiences into her personality. This is referred to as the "integration" of negative experience in this study. The concept of integration is discussed below.

Jahoda (1958) uses the concept of integration as a criterion for mental health (p. 35). She discusses it as separate and distinct from self-actualization or high functioning, however, and as a major variable in its own right.

Integration refers to the relatedness of all processes and attributes in an individual. Indeed, psychological treatment of mental patients as a rule is predicated on the search for a unifying principle in terms of which the apparently most bizarrely inconsistent manifestations of personality can be understood to hang together (p. 36).

Thus, integration is not a measure of health or functioning, but a concept of relatedness or unification.

Personality integration is defined by Coleman (1960) as "the smooth coordination of all parts" (p. 80).

Unhappy and ineffective people are the people who are torn by inner conflicts and anxieties. Confident and effective people, he says, have achieved an inner harmony and integration--a wholeness. "Their assumptions, motives, values, and actions form a well-coordinated pattern" (p. 80).

David and Von Bracken (1957) stress that integration of personality is not completed at a certain point. It poses a task which the individual must deal with in his own way, and must strive to find interpenetration and balance of the forces in his own life (pp. 216-217). The integration of all experience is a dynamic process in an individual's life.

The research reviewed shows a definite trend in humanistic psychology toward defining the qualitative differences in human experience. The basic assumption

throughout the literature and the research to be presented here is that there is a direct relationship between life experiences and level of functioning.

CHAPTER III

METHODOLOGY

The purpose of the research presented here was to look at the relationship of negative experience to the development of high and low functioning women. Several aspects of this relationship were examined. The first of these was concerned with the integration of negative experiences. A basic assumption of the study was that experience is indeed related to level of functioning. It seems to follow that the more integrated an experience is into the personality, the better the person can function or the more self-actualizing she can become. If a person is constantly worrying about or dealing with past negative experiences, it seems likely that she will find it more difficult to attend to the matters of daily living in her job and personal life. This study was designed to test this major hypothesis.

Other aspects of the relationship are concerned with the "how" of integration. What variables are inherent in the integration process and how does it happen in relation to negative experience. To look at this, the writer examined the reported experiences of

her sample in terms of what sources of help the subjects used in their integration of the experiences. Were "bad" or "harmful" experiences dealt with completely alone, were they automatically internalized, or were other people asked for help? Duncan (1970) suggested that the low functioner did not deal with his negative experiences, but relatively easily just integrated them into an already negative self-concept. It would follow that perhaps the high functioner would use the sources of outside help of medical doctor, psychologist, or counselor. The present study attempts to look at this aspect of the relationship of help sought to level of functioning.

Another variable examined here was that of the subject's present perception of her experiences. Does the highly functioning individual, who has more fully integrated her negative experiences, perceive the effects of those experiences now as positive ones? And does the person who has not integrated her negative experiences perceive them as still negative? If the experiences are seen now as positive or at least not perceived as requiring a great deal of the subject's time and effort, it might follow that the subject could exert more effort dealing with present matters more completely and in a more self-actualizing way.

Highly functioning, self-actualized, or beautiful and noble individuals are generally believed to be more mentally healthy than those who function at a lower level as was discussed in the review of the literature. To add to this research, the writer sought to see if her sample of high functioners had a higher level of mental health than the low functioners. If a relationship exists between level of functioning and level of mental health in the present sample, the body of knowledge relating to the self-actualizing person will be expanded.

Definitions of Terms

High functioning person. There is no exact agreement as to what characteristics are common to the self-actualized or high functioning individual. There is also little agreement as to what to call her. For consistency in this thesis, the writer has chosen "high functioning," and has used Everett Shostrum's characteristics of the Personal Orientation Inventory (POI) to describe this person. These characteristics are commonly accepted, although other researchers have added some things which seemed meaningful to them (Duncan, 1970, p. 19).

1. The self-actualized or high functioning person is time-competent, she lives in the present rather than the past or future. She is not burdened by guilt over

past deeds or anxiety and worry about future events. Her greatest joy is in the moment.

2. She is inner-directed, as opposed to other-directed; she tends to be independent and self-supportive. She lives more to please herself than others.¹

3. She is flexible in the application of her value system.

4. She is sensitive to her own needs and feelings.

5. She is spontaneous.

6. She values herself.

7. She has a capacity for intimate contact, warm interpersonal relationships.

8. She can accept herself in spite of her weaknesses.

9. She sees herself as essentially good.

10. She can see the opposites and superficially antagonistic things of life as meaningfully related.

Low functioning person. The personality profile of this person represents the opposites of the characteristics of the high functioning person. She is not time-compent, is bound up by a good deal of anxiety and guilt, tends to be governed by the desires and wishes, values and

¹There is some disagreement in the literature on this definition. Landsman (1968) stresses a greater and deeper relationship with others; a relationship of compassion, love and commitment.

goals of her peers or family, and generally reflects a low level of functioning.

Significant experience. An experience which is seen by the subject as having major impact on her life, is readily remembered and subject to recall.

Negative experience. An experience perceived by the subject as being harmful or bad at the time of the experience.

Positive experience. An experience perceived by the subject as good, desirable, worthwhile and constructive at the time of the experience.

Negative-positive experience. An experience perceived by the subject as having harmful effects on the individual at the time of the experience, but perceived, when reported, as having had beneficial effects (McKenzie, 1967, p. 3).

Negative-negative experience. An experience perceived by the subject as having harmful effects on the individual at the time of the experience, and perceived, when reported, as having had harmful effects.

Integration of negative experience. Integration is the relatedness or unification of all the processes in an individual. Specifically, the integration of negative experience refers to how well an individual has unified or related her negative experiences to all her

processes. It is the feeling of wholeness or oneness as opposed to feelings of alienation from self. In integrating negative experience, an individual has learned from the experience, has understood it, and has made it a part of the self. It is not felt to be separate or distinct from the self.

Hypotheses

From the research question "Does a relationship exist between the integration of negative experience and level of functioning?" the following hypotheses have been generated.

1. High functioners integrate negative experiences into their personalities more completely than do low functioners.

2. The individual's level of functioning will determine whether the type of help sought is professional, non-professional or no outside help sought at all.

- a. High functioners will seek professional help with the integration of negative experience more often than will low functioners.

- b. Low functioners will utilize self-help with the integration of negative experience more often than will high functioners.

c. Low functioners will seek non-professional help with the integration of negative experience more often than will high functioners.

3. High functioners will report more negative-positive experiences than will low functioners.

4. Low functioners will report more negative-negative experiences than will high functioners.

5. The greater the mean score of integration of negative experiences the greater will be the subject's present level of mental health.

Subjects

Selection

The sample was a quota sample chosen by means of nomination by members of several segments of the community, including the University of Florida, the religious community, the service community, the business community and community government. These nominators were asked to list at least ten professional or managerial women who they felt were high functioners and ten they felt were low functioners in terms of the above definitions of each of these groups (see Appendix A).

From the University community, a female faculty member was chosen as nominator. She was familiar with most of the women faculty members because of her several

involvements with them in various campus activities. She is also involved in other community activities, so has a knowledge of women who contribute in various ways to the total community. She has been on the faculty for eight years and an active community leader for over ten years. She listed twelve high functioners and ten low functioners. This nominator was given the Personal Orientation Inventory (POI) as a test for self-actualization. Her time ratio score was 1:10.2; her support ratio score was 1:3.9 (see Table 1). These scores place her as a self-actualizing individual (Shostrom, 1966).²

A well-known minister was chosen as nominator from the religious community because of his position in the community. He is known as an ecumenical leader and his activities extend beyond the Church as well. He is familiar with the workings of the community and knowledgeable about the people who serve in it. His ratio scores on the POI were 1:11 for time and 1:5.2 for support, placing him as a self-actualizing person (see Table 1). He listed twenty high and sixteen low functioning women.

The third nominator was from the service community, which comprises a large element of career women in the

²See page 55 below for a discussion of scoring of the POI.

county. She works for an agency that oversees most of the service organizations for the area and is a referral agent to those organizations. She is extraordinary in her knowledge of the women who work within the county and city service organizations. Her time and support ratio scores on the POI were 1:8.2 and 1:4.6 respectively, placing her within the self-actualizing range (see Table 1). She nominated fifty people, thirty high functioners and twenty low functioners.

A female lawyer was chosen as the fourth nominator. She was chosen because of her various interests in the business community and her service to that community which has put her in contact with many of the professional and managerial women of the area. Her time and support ratio scores on the POI were 1:11.6 and 1: 3 respectively, placing her as a self-actualizing person (see Table 1). She nominated twenty women, ten high and ten low functioners.

Table 1

Time-Incompetence:Time-Competence and Other-Directed Inner-Directed Ratio Scores of the Nominators on the POI

Nominator	Score	
	TI:TC	O-D:I-D
1	1:10.2	1:3.9
2	1:11.0	1:5.2
3	1: 8.2	1:4.6
4	1:11.6	1:3.0
5	1:14.0	1:3.1

The fifth nominator was a male from the area of government in the community. He is a very active political figure and is knowledgeable about the people working and active in the community. His time ratio was 1:14 and his support ratio was 1:3.1 on the POI, placing him in the self-actualizing category (see Table 1). He nominated eighteen high and fourteen low functioning women.

From these five nominators, 160 names were collected. The nominators were not asked to list women from their specific areas of work, and there were thirty-two names that were listed twice and eighteen that were listed three times. The total list of different nominations amounted to 110 names.

These 110 women were contacted and asked to complete the POI as a final selection instrument. This was done so that the writer did not have to rely on the nominations as the only selection procedure. In drawing the sample, the highest fifteen of the high functioning group and the lowest fifteen of the low functioning group were chosen for the interview. For purposes of analysis, the sample size was thirty, with fifteen subjects in each of the two categories.

The POI has been used as a criterion for self-actualization. Many tests are negatively oriented, but

the POI purports to give the level of health in terms of functioning and self-actualization. Duncan states that in research it can and has been used to select samples of self-actualized (in terms of functioning), modal, and low functioning (in terms of self-actualization) persons (1970, p. 11). In the present research this was its only use. The test's two ratio scales identify the time competence and inner-directedness of the individual. Time competence measures the degree to which the person functions in a "present" orientation as opposed to the past or future. Inner-directedness refers to whether the individual's orientation is basically toward the self or others. These scores are given in terms of ratios. Time competence is a measure of how fully one lives in the present moment as opposed to carrying guilt about the past or worrying excessively about the future. The completely time competent person might not be realistic about future goals or be responsible for past deeds. Therefore, a self-actualizing person is one who is time competent but also has a small amount of time incompetence. This is expressed in terms of a ratio of time incompetence:time competence. The test Manual states that self-actualizing time incompetence:time competence ratios are between 1:6 and 1:22 (Shostrom, 1966, p. 16).

The same ratio pattern holds for other-directed: inner-directed. The self-actualizing person is basically inner-directed, but he is open to input from other people. The POI Manual states the other-directed:inner-directed ratios are between 1:2.9 and 1:6.4, meaning one part other-directed to between 2.9 and 6.4 inner-directed (Shostrom, 1966, p. 16).

The validity of the POI has been tested in terms of its use with nominated groups (Shostrom, 1964). It discriminated between individuals who had been observed in their life behavior to be either relatively high functioners or relatively low functioners. The Inventory was administered to these two groups of adults (N=29 and N=34 respectively). Results indicate that the Inventory significantly discriminates between clinically judged self-actualized and non-self-actualized groups on eleven of the twelve scales. The means for the high functioning group are above the normal adult group on eleven of the twelve scales and the means for the low functioning group are below the norm means of all scales. There is a consistent difference between the groups (POI Manual, 1966, p. 25). The test was also validated on 650 freshmen at the Los Angeles State College, seventy-five members of the sensitivity training program at The University of California at Los Angeles, and

fifteen school psychologists in a special training program. Retested after training, the latter two groups showed definite growth in inner-directedness (Shostrom, 1964).

The Manual gives high reliability correlations of .91 to .93. These correlations are for all the scales on the test (Shostrom, 1966). Reliability coefficients for the major scales of time competence and inner-directedness are .71 and .84 respectively, based on a study by Bob Klavetter, reported by Shostrom (1966). Shostrom states: "In general the correlations obtained in this study are at a level as high as that reported for most personality measures" (p. 31).

In the present study, the standard scores on the time competent and inner-directed scales were averaged for each of the subjects (see Table 2). The 15 high functioning subjects ranged in score from a standard score of 68 to a standard score of 58. The low functioning subjects ranged in standard score from 39 to 48. The higher scores of the high functioning group indicate a higher degree of time competence and inner-directedness, but they are not so high as to leave out room for taking responsibility for the past and being aware of future goals. These scores indicate an inner-directed orientation for reinforcement and motivation, but include openness for input from other people. This group of women were more

self-actualized than the low functioning group whose basic orientation was toward the past and/or future (time incompetence) and toward input from other people rather than a greater reliance on themselves (other-directed).

Table 2

Mean Standard Scores of the Sample on the Time Competence and Support Scales of the POI

High Functioning Subject	Score	Low Functioning Subject	Score
1	68	1	47
2	68	2	46
3	65	3	46
4	63	4	46
5	62	5	46
6	62	6	46
7	62	7	45
8	62	8	45
9	61	9	45
10	61	10	44
11	60	11	43
12	60	12	42
13	59	13	42
14	59	14	40
15	58	15	39

Ratio scores were computed for each subject to double check the categorizing of the subjects as high or low functioning (see Tables 3 and 4). The POI Manual states that the self-actualizing time incompetence; time competence ratios are between 1:6 and 1:22. The given ratios for self-actualized other-directed:inner-directed are 1:2.9 to 1:6.4. Table 3 shows that low functioning

subject number three fell within the self-actualizing range on the time incompetence:time competence scale, but she was not self-actualizing on the other-directed:inner-directed scale (see Table 4), nor did her mean standard score place her as self-actualizing (see Table 2). Table 4 shows low functioning subject number seven as just within the self-actualizing range on the other-directed:inner-directed scale. Her mean standard score and her ratio score on the time incompetence:time competence scales do not place her within the self-actualizing range (see Tables 3 and 4). With these two exceptions, all the subjects in the low functioning sample fell outside the self-actualizing limits, and all the high functioning subjects were within those limits (see Tables 2, 3, and 4).

Sample Characteristics

1. The total $N=30$, with 15 subjects in the high functioning group and 15 subjects in the low functioning group.

2. Age. The age of the sample was 25 years old or older. This was determined to control for strong parental influence. These adults had generally left the family of orientation and had established or were establishing a family of procreation. The sample ranged in age from 25 to 60. The mean age of the high

Table 3

Time-Incompetence:Time-Competence Ratio
Scores of the Sample on the FOI

High Functioning Subject	TI:TC	Low Functioning Subject	TI:TC
1	1:10.0	1	1:24.7
2	1: 9.7	2	1:22.4
3	1: 9.6	3	1: 6.6
4	1: 8.7	4	1: 5.0
5	1: 8.7	5	1: 4.0
6	1: 8.5	6	1: 3.6
7	1: 8.5	7	1: 3.5
8	1: 8.3	8	1: 3.5
9	1: 8.2	9	1: 3.5
10	1: 8.0	10	1: 2.7
11	1: 7.0	11	1: 2.6
12	1: 7.0	12	1: 2.5
13	1: 6.9	13	1: 2.1
14	1: 6.8	14	1: 2.1
15	1: 6.8	15	1: 2.0

Table 4

Other-Directed:Inner-Directed Ratio
Scores of the Sample on the FOI

High Functioning Subject	O-D:I-D	Low Functioning Subject	O-D:I-D
1	1:4.1	1	1:7.8
2	1:4.0	2	1:7.7
3	1:4.0	3	1:7.7
4	1:4.0	4	1:7.7
5	1:3.2	5	1:7.7
6	1:3.1	6	1:6.5
7	1:3.1	7	1:6.4
8	1:3.1	8	1:2.9
9	1:3.1	9	1:2.8
10	1:3.0	10	1:2.7
11	1:3.0	11	1:2.7
12	1:3.0	12	1:2.0
13	1:3.0	13	1:1.3
14	1:2.9	14	1:1.2
15	1:2.9	15	1:1.2

functioning group was 40 years and the mean age of the low functioning group was 38.4 years. Table 5 summarizes the ages of the subjects.

Table 5

Age of Sample

Age	High Functioners	Low Functioners
25 - 34	9	6
35 - 44	0	5
45 - 54	2	4
Over 55	4	0
Total	15	15

3. Sex. The sample consisted only of women.

4. Race. The sample was entirely white.

5. The sample was urban rather than rural because of the predominately urban life style of the populus.

6. Socio economic status. "Professional and Managerial." The U. S. Census Bureau's occupational category of "Professional and Managerial" was chosen. This category essentially denotes a middle class orientation and life style. The women in the present study all fit into this category, and included college professors, program coordinators, a woman in city government, a real estate broker, community service administrators and a social work supervisor.

The writer chose a single class to control for social status in the analysis of data. As a check on the Professional-Managerial middle class category chosen to be sure that social status was not a factor in finding significant differences, a status analysis was done using W. Lloyd Warner's (1960) classic formula for computing a social status index. The factors of education, source of income and house type were used. Table 6 shows the weightings for each of these factors. The resultant means for the sample were 31.60 for the high functioning group and 30.40 for the low functioning group.

Table 6

Weightings for the Index of Status Characteristics

Factor	Weight
Education	
Professional (M.D., Ph.D., M.A.)	4
College Degree	8
High School Diploma	12
Source of Income	
Inherited Wealth	4
Earned Wealth	8
Profits and Fees	12
Salary	16
Wages	20
House Type	
Excellent	4
Very Good	8
Good	12
Average	16
Fair	20
Poor	24

Note: These weightings are taken from Warner, W. L. et al. Social Class in America. New York: Harper and Bros., 1960.

According to Warner's scheme, these means place both the groups in the upper middle class (see Table 7). Therefore, it was concluded that the census occupational category of "Professional and Managerial" was a valid descriptive category.

7. The level of functioning of the sample was either high or low as determined by nomination and the FOI. In all cases the nominations were validated by the test results.

In summary, the sample was a quota sample consisting of 15 high functioners and 15 low functioners, all of whom were 25 years old or older, women, white, urban and of a middle class orientation and life style.

Instruments and Data Collection

The instrument used in this research was a structured interview schedule (see Appendix C). The pilot study done indicated that a written questionnaire was not sufficient to obtain the required data. It was found that intensive probing into some of the responses was needed and could be more successfully done by the interview. The pilot consisted of eleven subjects, six of whom were interviewed and five were given a questionnaire. The questionnaire included all the questions on the initial interview schedule (see Appendix C). In two

Table 2

Social Class of the Sample Using the Factors of Education, Source of Income and House Type

Subject	High Functioners			Low Functioners		
	Education	Income	House Type	Education	Income	House Type
Subject	Education	Income	House Type	Subject	Education	Income
Total	Total	Total	Total	Total	Total	Total
1	8	16	12	1	4	16
2	4	16	8	2	4	16
3	4	16	16	3	8	8
4	8	16	8	4	12	16
5	8	16	12	5	8	4
6	8	16	8	6	4	16
7	8	12	4	7	4	16
8	8	16	12	8	4	16
9	8	16	8	9	8	16
10	4	16	4	10	8	16
11	4	16	8	11	4	16
12	4	16	8	12	4	12
13	4	16	16	13	12	16
14	4	16	12	14	12	16
15	8	16	12	15	4	16
$\bar{X}_{\text{high functioners}} = 31.60$				$\bar{X}_{\text{low functioners}} = 30.40$		

Note: According to Warner, et al., scores of 12-19 place individuals in the upper middle class; scores of 38-50 in the lower middle class. Scores of higher than 50 designate the lower class.

cases, the respondents to the questionnaire wrote a short answer to each question. For example, to the question, "How did you feel about it when it happened?" the subject answered: "Well, it was pretty bad." Feelings were not discussed at all by four of the five subjects. Much more extensive and intensive data were obtained when the interviewer could respond to the subject, establish a rapport and then probe for more information. For example, to the question in the interview, "How did you feel about it when it happened?" the subject initially answered: "I really felt terrible, because I thought my grandmother liked me." When asked to take that further, the subject said:

Well, up to that time my grandmother was the only person I really felt loved me. My father had left the house years before and my mother and sister had no use for me at all. I am sure my mother hated me even then. But when I overheard my grandmother telling my uncle how terrible I was and how she could never keep on living with me, I felt like I wanted to fade away into a corner and die. It was so terrible to have the one person who I felt still loved me and who I really loved say those words. My stomach turned over and I had to run out of the house. I only went back because there was nowhere else to go. There was never anywhere else to go or anyone else to go to.

Comparison of the Interview and Questionnaire

In both interviews and questionnaires heavy reliance is placed on the subject's verbal report for information. Usually the investigator has not observed the events

discussed, and only material that the subject is willing and able to report can be obtained. Despite this limitation of self-report, it is frequently both possible and useful to get an individual's own account of his feelings toward an object or experience (Selltiz et al., 1961). In the questionnaire this account is limited to the written responses of subjects to prearranged questions. In an interview, since the interviewer and the person being interviewed are both present as the questions are being asked and answered, there is opportunity for greater flexibility in eliciting information. The interviewer also has the opportunity to observe both the subject and the total situation to which he is responding (Phillips, 1966). A brief review of the advantages and disadvantages of the questionnaire and interview follows.

Advantages of the questionnaire include the likelihood of its being a less expensive procedure than the interview. It requires much less skill to administer and questionnaires are often simply mailed or handed to respondents with a minimum of explanation. They can often be administered to large numbers of individuals simultaneously, whereas the interview usually calls for questioning each individual separately.

The questionnaire is also impersonal--"its standardized wording, its standardized order of questions, its

standardized instructions for recording responses-- ensures some uniformity from one measurement situation to another" (Selltitz et al., 1961, p. 239). The interviewing situation, on the other hand, is rarely uniform from one interview to the next. Not only do the personalities of different interviewers affect the measurement situation differently, but each interviewer is bound to vary somewhat from interview to interview.

Another advantage of questionnaires is that respondents may have greater confidence in their anonymity, and feel freer to express their real views. Although an interviewer may assure the respondent that he will not be identified in any way, the respondent may doubt his good faith, since, in most interviewing situations, the interviewer has the respondent's name or other identifying information. If a questionnaire is presented as anonymous and there seems to be no identifying information, the subject may feel greater confidence that his replies will not or cannot be identified as coming from him. Selltitz et al. (1961) state that it must be noted, however, that anonymity is not always the best method of inducing frank answers. On more complex questions where there is strong emotional involvement, an understanding and permissive manner on the part of the

interviewer may be more successful than the anonymity of a questionnaire in eliciting frank responses (p. 240).

Another characteristic of the questionnaire that is usually desirable is that it may place less pressure on the subject for immediate response. When the subject is given ample time to fill out the questionnaire, he can go over each question carefully rather than replying immediately as he may feel pressure to do in the interview situation.

The advantages of the interview include that it can be used with almost all segments of the population. Adams (1958) states that one of the major drawbacks of the questionnaire is that it is appropriate only for subjects with a considerable amount of education. Selltiz, et al. (1961) feel that even for people with a facility for writing, few have the patience or motivation to write as fully as they might speak.

Surveys conducted by personal interview have another advantage over mailed questionnaires in that they usually yield a much better return. Many people are willing to participate in a study when they are expected to talk rather than write and then return a form. Even under the best of circumstances a sizable proportion of a sample do not return questionnaires (Selltiz, et al., 1961).

Another advantage of the interview is its greater flexibility. In a questionnaire, if the subject misinterprets a question or records his responses so they cannot be understood, there is usually not much that can be done to remedy the situation. In the interview there is the possibility of repeating or rephrasing questions to make sure that they are understood or of asking further questions for clarification. The interview is also the more appropriate technique, according to several writers, for revealing information about complex, emotionally laden subjects or for probing the sentiments that may underlie an expressed opinion (Phillips, 1966; Adams, 1958; Selltiz et al., 1961). If a verbal report is to be accepted at face value, it must be elicited in circumstances that encourage the greatest freedom and honesty of expression. As noted above, the anonymous questionnaire may sometimes be the most effective way of producing such an atmosphere, but its usefulness is limited to issues on which respondents have rather clearly formulated views that can be simply expressed (Selltiz et al., p. 242).

With the above advantages and disadvantages of both the interview and questionnaire in mind, the writer chose to use the structured interview schedule for the research described here (see Appendix C). She was

trained in interviewing techniques in a program at the University of Wisconsin Survey Institute. Her experience in interviewing includes interviewing for a study comparing the attitudes of mental health professionals and the general public in Maryland and a follow-up study of psychiatric patients in the Mid-west. For the present study, all the interviews were tape recorded and field notes were taken.

The interview schedule used in this research is structured, but the questions are "open-ended." Such questions are designed to elicit free responses from the subject rather than to obtain limited responses to several alternatives. These questions raise issues but do not suggest the structure for the subject's reply. The subject has the opportunity to answer in her own terms and in her own frame of reference. This is not to imply that the questions are not directive or probing, as evidenced by the following examples of open-ended questions:

Now that you have been living in _____ for _____ years, I wonder if you'll tell me how you feel about it?

- a. What do you like most about it?
 - b. What do you like least about it?
 - c. How about the neighborhood? What do you think about it?
 - d. How about living in a public housing project?
- (Sellitz, et al., 1961).

When such questions are used in questionnaires, the questions and their order are predetermined. But when given in an interview, the open-ended questions permit the interviewer freedom to repeat the question or to use probes, such as "Won't you tell me more?" "Why do you think that?" etc. "The task of the interviewer is to encourage the respondent to talk freely and fully in response to the questions included in the interview schedule and to make a verbatim record of his replies" (Selltitz et al., 1961, p. 257).

In addition to the interview, each respondent was asked to complete the Edwards Personal Preference Schedule (EPPS), which measures a number of relatively independent personality variables. This schedule was used to test hypothesis number 5. It has been used as a measure of mental health and has high internal consistency and stability coefficients (.85 and .87 respectively) and has significant correlation with several other measures (Edwards, 1959, pp. 19-24).

The EPPS provides measures of 15 personality variables, three of which were used to provide measures of mental health of the sample. They are described as follows:

Achievement. To do one's best, to be successful, to accomplish tasks requiring skill and effort, to be a recognized authority, to accomplish something

of great significance, to do a difficult job well, to solve difficult problems and puzzles, to be able to do things better than others, to write a great novel or play.

Intracception. To analyze one's motives and feelings, to observe others, to understand how others feel about problems, to put one's self in another's place, to judge people by why they do things rather than by what they do, to analyze the behavior of others, to analyze the motives of others, to predict how others will act.

Endurance. To keep at a job until it is finished, to complete any job undertaken, to work hard at a task, to keep at a puzzle or problem until it is solved, to work at a single job before taking on others, to stay up late working in order to get a job done, to put in long hours of work without distraction, to stick at a problem even though it may seem as if no progress is being made, to avoid being interrupted while at work.

The writer chose to look at the variables achievement, intracception and endurance for purposes of analysis. These are the three variables that Hoyt and Kennedy (1958) isolated in their study of career women. Helson (1972) interpreted high scores on these factors as evidence of a high level of mental health. These factors appear to be the most definitive as measures of mental health as described in the Review of the Literature.

Raters and Evaluators

Two evaluators listened to segments of 20 randomly selected tapes to determine the adequacy of the objectivity in the interviewer's technique. Three randomly selected five minute segments of each of the 20 tapes

were judged for such objectivity. One of these evaluators was a counseling psychologist and the other was a graduate student in the mental health field. They were both familiar with the hypotheses of the study and judged objectivity with those in mind. Both the evaluators agreed that all but one of the tapes were adequate in objectivity. The one unacceptable tape was discarded, and another was completed.

Three raters listened to the complete tapes of all the interviews. One of the raters was a professional working in the mental health field. The other two were colleagues of the writer from graduate departments concerned with the mental health field. These raters listened to all the tapes and rated the data on a rating sheet (see Appendix E), according to verbal and written instructions (Appendix D). They did three analyses as follows:

1. An experience analysis, based on the favorable or unfavorable integration or resolution of the negative experience. Each rater rated each experience on a six point scale from no integration to highest integration. Each rater had before him the definition of integration of negative experience as the writer has defined it above. In addition, each rater used the following definition of each level:

0 1 2 3 4 5

Level 0. The experience is alienated from the self. The individual has not learned from nor understood the experience in relation to her total self.

Level 1. The individual recognizes the experience as related to her, but has learned little or nothing from it and does not understand its meaning in relation to her self.

Level 2. The individual no longer sees the experience as separate and distinct from herself, but cannot relate it to her other processes. The experience stands outside the self, but there is some understanding of the experience.

Level 3. The individual sees the experience as a part of herself, but has not understood it. There is much to be learned from the experience before it becomes a part of her other processes.

Level 4. The individual understands the experience and has learned from it. It is not separate and distinct from the self, but has not been completely related to all the other processes of the self.

Level 5. The experience is a part of the self. The individual has learned from and understands the experience and has unified it within herself. She

has dealt with the experience and has related it to all her other processes.

To further examine these levels, consider the following examples. A level five response might be:

One of my earliest experiences that I considered negative took place when I was eight years old. My father had recently been discharged from the Army and we drove to the country about 30 miles away from home for a picnic. There was a playground there and my sister and I played for hours while my mother and father talked. When we left, I left my cap there; an old Army cap my father had given me and which was my favorite possession. We were only about a mile away when I realized I had forgotten it, and I asked my father to go back for it. His response left me flabbergasted, frustrated and angry. He said he would not go back and that if I was so stupid as to leave something so valuable, I deserved to suffer for it. He said that this should be a lesson which would teach me to be responsible for my things and to protect them from then on. I cried all the way home. Not only have I not forgotten the incident, but it is still very clear to me in terms of its influence on my life. It certainly has had an effect on me in terms of remembering to care for my material possessions. I am very careful with physical objects that I find useful and pleasant to have around. The experience was very traumatic but it taught me several valuable lessons that I have been grateful for.

Taking the same experience, a level three response might be:

When my father would not turn back I cried for a long time. I tried to listen to his attempts to explain his actions to me, but I saw the experience as one of a series of cruel and insensitive kinds of humiliations my childhood consisted of. I understand his reasoning for doing many of the things he did, but I can't believe he would do that to me.

A level zero response to the same experience might be:

I always felt that my father never loved me and this experience just added to that feeling. We have never been anything but strangers and were never able to communicate. In terms of what this experience means to me now--all I can say is 'nothing.'

2. Each rater decided, using the above definitions of negative-positive experience and negative-negative experience, whether the experience is now negative-negative or negative-positive for the respondent.

3. Each rater noted, for each experience, whether any help was sought by the respondent and, if so, whether it was professional or non-professional. The specific helper or helpers was noted.

Interrater Reliability

The three raters familiarized themselves with the nature of the interviews by rating the six tapes from the pilot study before listening to the tapes of the study sample. They did not begin work on the final sample tapes until interrater reliability had been established at 95 per cent agreement on the pilot study tapes. This reliability was computed using the procedure for determining reliability of content analysis suggested by Fox (1969). This is:

$$\text{per cent agreement} = 100 \times \frac{\text{number of units of data coded identically}}{\text{total number of units of data coded}}$$

Fox believes that at least 85 to 90 per cent agreement should be reached for simple coding systems in order to be considered sufficiently reliable for use in research (p. 670). For the data of the final sample, interrater reliability ranged from 87.3 to 92 per cent agreement, established as follows:

$$\text{per cent agreement} = 100 \times \frac{331}{360} = 92$$

Each rater rated or judged a total of 360 units of data. This included ratings of the integration of four negative experiences for each of the 30 subjects (120 ratings). There were also judgments of the helper for each experience (120 judgments), and a judgment for the outcome of each experience--whether it was negative-negative or negative-positive (120 judgments). The rating sheet of Appendix E clearly presents what ratings and judgments were made. The summary of the reliability of the ratings and judgments is presented in Table 8.

Table 8

Interrater Reliability

Item	Raters 1 and 2	Raters 1 and 3	Raters 2 and 3
Integration	87.3	89.2	90.1
Helper Used	92.0	91.8	91.2
Outcome	90.6	88.6	91.9

Limitations of the Study

A major limitation of the study is inherent in the lack of data pointing to differences in the intensity of negative experiences, if any do, if fact, exist. It could be assumed that the death of a spouse is a more intense experience than an argument with one's employer. For the purposes of this research, all the experiences were grouped together and no system of weighting was developed.

Data Analysis

The hypotheses were tested as follows:

Hypothesis 1. High functioners integrate negative experience into their personalities more completely than do low functioners.

Each experience was rated on the six point scale of integration (see p. 74). A t test for a difference between two independent means was run to determine whether the difference between the two groups of subjects was significant. The assumptions were that the scale would yield interval data and that the distributions were normal. The data were grouped for this analysis into high and low integration categories.

Hypothesis 2. The individual's level of functioning will determine whether the type of help sought is professional, non-professional or no outside help sought at all.

a. High functioners will seek professional help with the integration of negative experience more often than will low functioners.

b. Low functioners will utilize self-help with the integration of negative experience more often than will high functioners.

c. Low functioners will seek non-professional help with the integration of negative experience more often than will high functioners.

The chi square test for two independent samples was used to determine the significance of differences. The judges noted what source of help was used primarily for each of the four experiences related by each subject (see Appendix E).

Hypothesis 3. High functioners will report more negative-positive experiences than will low functioners.

Hypothesis 4. Low functioners will report more negative-negative experiences than will high functioners.

Chi square tests were done for these hypotheses as in number 2 above.

Hypothesis 5. The greater the mean score of integration of negative experiences the greater will be the subject's present level of mental health.

A mean integration score was derived for each set of the four experiences of each subject. This score

was then compared by chi square to each of the three Edwards Personal Preference Schedule variables chosen. These variables were achievement, intraception and endurance. High scores on these variables were used by Helson (1972) as indicators of a high level of mental health among career women. High scores on at least two of these factors were needed to indicate a high level of mental health.

CHAPTER IV

RESULTS

A central purpose of this study was to compare the integration of the negative experiences of high functioning and low functioning women. In addition, the sources of help sought by the subject in dealing with the present perceptions of such experiences were examined. There were 15 subjects in each group, chosen by means of nomination and the Personal Orientation Inventory (POI). Each subject was interviewed by the writer and given the Edwards Personal Preference Schedule (EPPS), three factors of which were used as a measure of mental health. The interviews were tape recorded and were judged to be of adequate objectivity. Raters listened to all the tapes and rated each of each subject's four negative experiences on a scale of integration. In addition, the raters designated the source of help, if any, received by the subject, and the present perception of each experience with regard to its negative or positive effect. The results of these analyses follow.

Of the 42 women nominated as low functioning, five were not eligible for inclusion in the study because

they were black. Fifteen (40 per cent) refused to be in the study (see Table 9). One other was undergoing major surgery and her husband refused for her. The other 21 (50 per cent) nominated as low functioning consented to be in the study and were sent the POI. Of this 21, 13 (62 per cent) returned the POI in a three week period of time; the other eight were called either once or twice to be reminded to return the test. Two of these refused to be included in the study at the time of the second call. Of the 19 remaining women in the low functioning group, 15 were chosen. These were the 15 who scored lowest on the POI.

Table 9

Frequency of Refusal to Participate in the
Study by Nominated High and Low Functioning Women

	Total Contacted	Number Refused	Per cent Refused
High Functioners	60	9	15
Low Functioners	37	15	40

Of the 68 women nominated as high functioners, eight did not meet the requirements of the sample. Four of these women were black and four were under 25 years old. Sixty were contacted and nine (15 per cent) refused initially to be in the study, as compared to

the 15 (40 per cent) of the 37 eligible who refused among the low functioning group (see Table 9). It would appear that the nominated high functioners were more willing to participate in the research. Fifty-one nominated high functioners were sent the POI and 47 (92 per cent) of those returned the form within three weeks. The other four were returned after one reminder. Of these, the 15 who scored highest in self-actualization on the POI were chosen for the sample of high functioners.

Hypothesis 1. High functioners integrate negative experience into their personalities more completely than do low functioners.

This hypothesis was tested by a t test for a difference between two independent means as shown in Table 10.

Table 10

t Test for a Difference Between the Means of High and Low Functioners on the Integration of Negative Experience

$$\bar{X}_{\text{high functioners}} = 4.25$$

$$\bar{X}_{\text{low functioners}} = 1.15$$

$$\bar{X}_{\text{hf}} - \bar{X}_{\text{lf}} = 3.10$$

$$\text{Standard error} = .187$$

$$\text{d.f.} = 28$$

$$t = 16.58$$

$$p = < .001$$

The significance of the t test indicates that high functioners integrate negative experiences more effectively than do low functioners (see Figure 1).

Hypothesis 2. The individual's level of functioning will determine whether the type of help sought is professional, non-professional or no outside help at all.

Hypothesis 2a. High functioners will seek professional help with the integration of negative experience more often than will low functioners.

This hypothesis was tested by a chi square analysis as seen in Table 11. The category of professional help included counselors, psychologists, medical doctors, and ministers. Table 12 shows the breakdown of the use of these professionals.

Table 11

Frequency of Use of Professional Help Versus Use of Other Sources of Help for High and Low Functioners

Type of Help	Level of Functioning			
	High		Low	
	Observed	Expected	Observed	Expected
Professional	1	6.5	12	6.5
Other Sources	59	53.5	48	53.5

$$d.f. = 1, \chi^2 = 10.438, p = < .01$$

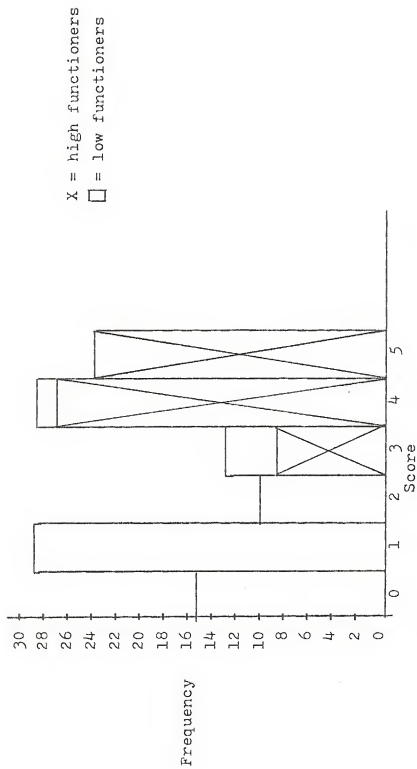


Figure 1. Integration of Negative Experience of High and Low Functioners

Table 12

Frequency of Use of Professional Helpers
by High and Low Functioners

Professional Helpers	Level of Functioning	
	High	Low
Psychiatrists	1	1
Counselors	0	3
Psychologists	0	4
Ministers	0	2
Other Medical Doctors	0	2
Total	1	12

The directional nature of the hypothesis was based on the notion that high functioners would have skills enabling them to utilize professional help for the integration of their negative experiences and their personal problems. Interestingly, the data do not support this, but, in fact, show just the opposite. High functioners in this sample, except for a single subject, did not use professional help. Low functioners, on the other hand, went to professionals a significant number of times for help in coping with their negative experiences.

The hypothesis assumes that level of functioning is associated with type of help sought. From the tapes

it appeared that high functioners do not feel needful of professional help; that there are other forms of help that they utilize more frequently. This is further seen by the results of Hypothesis 2b below.

Hypothesis 2b. Low functioners will utilize self-help with the integration of negative experience more often than will high functioners.

Again, the directionality of this hypothesis has been questioned by the data as seen in Table 13, in which it appears that high functioners use themselves more in dealing with negative experience than do low functioners. It is the converse of Hypothesis 2a.

Table 13

Frequency of Self-Help Versus Use of Other Sources
of Help for High and Low Functioners

Type of Help	Level of Functioning			
	High		Low	
	Observed	Expected	Observed	Expected
Self	36	30.5	25	30.5
Other Sources	24	29.5	35	29.5

d.f. = 1, $\chi^2 = 4.034$, $p = < .05$

Hypothesis 2c. Low functioners will seek non-professional help with the integration of negative experience more often than will high functioners.

The data indicate that there are no significant differences in the utilization of non-professional help (see Table 14). The non-professional category included friends, family and husbands, the breakdown of which is seen in Table 15.

Table 14

Frequency of Non-Professional Help Versus Use of Other Sources of Help for High and Low Functioners

Type of Help	Level of Functioning			
	High		Low	
	Observed	Expected	Observed	Expected
Non-Professional	24	25.5	27	25.5
Other Sources	36	34.5	33	34.5

d.f. = 1, $\chi^2 = .306$, $p = n.s.$

Hypothesis 3. High functioners will report more negative-positive experiences than will low functioners.

Hypothesis 4. Low functioners will report more negative-negative experiences than will high functioners.

The data support these hypotheses as seen in Table 16.

Table 15

Frequency of Use of Non-Professional Helpers
by High and Low Functioners

Non-Professional Helpers	Level of Functioning	
	High	Low
Friends	9	10
Husbands	10	9
Other Family Members	5	8
Total	24	27

Table 16

Present Perception of Negative Experiences With
Regard to Their Negative or Positive Effect

Present Perception	Level of Functioning			
	High		Low	
	Observed	Expected	Observed	Expected
Negative-Negative	35	41	47	41
Negative-Positive	25	19	13	19

d.f. = 1, $X^2 = 5.546$, $p = < .02$

Hypothesis 5. The greater the mean score of integration of negative experiences the greater will be the subject's present level of mental health.

Differences between the two groups on the three factors of the EPPS and their mean scores of integration of their negative experiences are seen in Tables 17, 18 and 19..

Table 17

Achievement Scores Compared to Mean Scores of
Integration of Negative Experience

Achievement Score	Level of Integration			
	High		Low	
	Observed	Expected	Observed	Expected
High	14	10	6	10
Low	1	5	9	5
d.f. = 1, $\chi^2 = 9.6$, $p = < .01$				

Table 18

Intracception Scores Compared to Mean Scores of
Integration of Negative Experience

Intracception Score	Level of Integration			
	High		Low	
	Observed	Expected	Observed	Expected
High	13	9.5	6	9.5
Low	2	5.5	9	5.5
d.f. = 1, $\chi^2 = 7.032$, $p = < .01$				

Table 19

Endurance Scores Compared to Mean Scores of
Integration of Negative Experience

Endurance Score	Level of Integration			
	High		Low	
	Observed	Expected	Observed	Expected
High	13	8	3	8
Low	2	7	12	7
d.f. = 1, $\chi^2 = 13.391$, $p = < .001$				

These data support the hypothesis that the group of subjects having high scores on integration of negative experience also is the group whose mental health, as measured by each of the three variables on the EPPS, is higher. Those with low integration scores have lower mental health. The subjects who scored high on integration of negative experience are essentially the high functioning group of women as seen in Figure 1. Those scoring low on integration are also the group of low functioning women. It follows, then, that, according to the data presented, the high functioners of this sample have higher mental health than the low functioners. They were designated as high functioning by nomination and by the POI. Although the Inventory purports to measure self-actualization, as defined by Shostrom and Maslow, the factors are also

among those found in definitions of positive mental health (Jahoda, 1958).

Summary of Results

The data collected support the hypothesis that, for this sample, the high functioners integrated negative experience into their personalities more completely than did low functioners. Low functioners used the services of professional helpers more frequently than did high functioners, and high functioners relied upon themselves in the integration of their negative experiences more often than did low functioners. Both groups in the sample used non-professional friends, relatives and husbands to talk to and get help from. In terms of the present perception of each negative experience in regard to its negative or positive effect, the high functioners saw more negative-positive outcomes than did the low functioners. This group also had a higher level of mental health as measured by factors on the EPFS.

CHAPTER V

DICUSSION

The results of the analysis of the data presented in the previous chapter point to four pertinent findings. First, the high functioning women of this sample integrated their negative experiences more completely than did the low functioning women. A second finding has to do with the sources of help used by the women. It was found that high functioners used themselves in dealing with their negative experiences, and that low functioners used professional sources of help to a significantly greater degree. Third, the high functioners presently perceived their negative experiences in a more positive light than did the low functioners. The last finding was that the mental health, as measured here, of the high integrators (high functioners) was higher than that of the low integrators of negative experience. A discussion of these findings follows.

Integration of Negative Experience

The high functioners of the sample integrated their negative experiences more completely than did the low functioners. Information on the ways they did this can

be found in the tapes of the interviews. In some cases, the integration of an experience was rated as high when a subject had simply "taken care" of it--when she had, in fact, simply accepted it. An experience in the life of A. B. speaks to this point:

My mother died when I was fourteen years old. It was an awful experience for me because we were very close and, well, because everyone else had a mother and it was just very lonely. My father tried very hard to comfort me, and I him, and we did succeed in helping each other. I don't believe I ever completely dealt with her death in the ways that many people do--by talking at great length or working on the problems that I perhaps should have had as a motherless teenager. But I did in reality deal with it. I knew I would miss her and would suffer in some ways because of it, but I also knew that she wasn't coming back and I would carry on and be what I was going to be anyway. In a way, I didn't deal with the death at all--I merely accepted it in many ways, knowing its consequences, to be sure. I don't want to tell you I forgot about it, because I didn't--I just put it in its place and went on living very well very quickly. I still feel that way about it.

On the other hand, an experience was also rated as highly integrated when a subject completely worked through all the aspects of the experience and integrated it into her life patterns and her personality. For example, P. T., in talking about the death of her husband, said:

It's hard for me to consider my husband's death as a negative experience any more, but it surely was for a long time. I've worked very hard at coming back after _____'s death. He was sick for a long time and I tried to get used to his dying even before he died. But, even so, when it happened, I was lonely and felt really betrayed by the world. Somehow it wasn't fair. But I realized that I had to do something with my life and now it would be

without his help. So I began to look at what I had to do for myself. I began to talk about _____ with our children and my friends and to think about what I was when he was alive and what I was becoming after he died. I worked on a realistic appraisal of my financial situation and also on my personal and emotional one. I thought about the friends we had had together and what they meant to me now. I began to get out and interact with other people as well and found that I could be many ways with many different people. I kept the old friends and made many new ones. I decided that I would need more money than was available and began to look for a suitable job for myself. This was great, because I had to think about what values and quirks I have that would fit into jobs that I might be interested in. When I got this job, I had really thought about what it would mean to my way of life and all the changes that it would certainly entail.... There were other things, too, involved in the whole long process of what has really become an acceptance of _____'s death. I am pleased with what I have done with it, but I have worked very hard at it. I've certainly learned all kinds of things about him and myself since he died and, except for some loneliness, it has been a good experience for me.

The raters agreed that both these women had integrated these experiences highly. In the first case, the integration was a kind of acceptance of fact and carrying on from there. In the second case, the integration was more a conscious trying to look forward and backward and much effort was expended in the process of integration. It appears that these are two different methods of coping with the experience and expanding oneself because of it. These women were both among the high functioning group and their responses are good examples of the general tenor of that group's responses.

The experience of J. P., a low functioner, is an example of an experience rated as low in integration:

I was married before and have two children by that marriage. We've been divorced for eight years and I have been remarried for three years. My children live with us and we are a good family now. My former husband, who lives 1000 miles away has always called occasionally to see how the children are and, in the summer, spends some time with them. I don't know why this is such a bad experience for me because he's very pleasant, has also remarried, and is certainly happy that I have. But I worry constantly about this whole situation. When he calls I never want to talk to him, but I really don't care if the children do--in fact, I always want them to. And I like for them to visit him and share in his life. But I always worry about it. I don't even know why I worry and my husband now gets mad when I am so preoccupied by the whole mess. I have no reasons to worry. My former husband has no intention of taking the children away or poisoning them against me or anything of the sort at all. We should all have good relationships, but I seem to get in the way of that. We didn't even have an ugly divorce--it was all by mutual agreement, so why should this upset me? I don't know.

It appears that the subject here has tried to "work through" the experience, but has learned little from it, and has not been able to integrate it into herself. Unlike the first case, she was not able to simply cope with it and go on, nor was she able, as in the second example, to completely work it through and come out on top of it as it were. It is as if she got so caught up in the experience that it has become very muddled to her.

Although it was not the intent of this study to investigate the nature of the negative experiences themselves, the writer felt it necessary to see if the experiences of the two groups were significantly different. If they were different, that might account for some difference in ease or difficulty of integration. Duncan (1970) used categories for subtyping negative experience which came from the opposites of Landsman's subtypes of positive experience. This writer used those categories in the scheme which fit the negative experiences reported in this study. These subtypes are not specific to this sample, but are experiences that are dealt with by the general population. The four resulting categories were: sickness and accident; interpersonal (including divorce); hostility and violence (including rape); and death. A chi square analysis was computed and no significant differences were found as seen in Table 20.

Sources of Help

The high functioners used self-help significantly more than did the low functioners and the low functioners used professional help significantly more than did the high functioners. One explanation for this might be that, as Shostrom, in the POI suggests, the high functioning group of women is more dependent on self

Table 20

Frequency of Negative Experiences of Each Subtype

Subtype of Negative Experience	Level of Functioning			
	High		Low	
	Observed	Expected	Observed	Expected
Sickness/Accident	7	8.0	9	8.0
Interpersonal	26	23.5	21	23.5
Hostility and Violence	6	8.5	11	8.5
Death	21	20.0	19	20.0
d.f. = 3, $\chi^2 = 2.10$, $p = n.s.$				

(more inner-directed) than are the low functioning women. It would logically follow, then, that they would use themselves, their inner resources, for help with their negative experiences. Since they are self-actualizing women, it would also follow that their resources are strong enough to withstand the experience and cope with, or integrate it, well. Conversely, if the low functioning or non-self-actualizing group of women are more dependent on others for support, then it follows logically that they would seek professional help with the integration of their negative experiences.

The high functioners' use of self is illustrated by several cases in the sample. The experience of C. S. is a case in point:

When I was in college I broke up with a guy I had been dating for a couple of years. As a matter of fact, he broke up with me and I was very unhappy and morose about the whole thing for several weeks. I mostly lay around my room crying or sleeping and feeling pretty sorry for myself the whole time. It didn't last very long, but was pretty awful while it lasted.... My roommate at the time really wanted to help me, but I certainly didn't want or ask for her help, nor did I want to accept it. I just wanted to be by myself so I could do something with myself. As I look back on it now, I guess I wasn't very nice about it all, but she was very imperceptive about the whole thing. All I wanted to be was left alone, and I'm sure I hurt her feelings. I'm sorry about that, but I just didn't need her. I needed me, all alone. And, of course, I survived and finally, after several weeks, was back in the swing of college life....

Another example, that of B. F., shows the same self-dependency in another situation:

After I left Ohio and finally decided to take the Fellowship at _____ in New York, I had another difficult decision to make that really turned into one of the saddest experiences of my life. At the time it was also very bad, but has turned out to be good because it resulted in my meeting my husband and learning a lot about myself.... Anyway, what happened was that my father became very ill in _____, and, somehow, I decided that I would go south and take care of him. The decision to leave _____ University and go was very difficult, but not as bad as watching my father die. For nine months I watched him succumb to death and my whole life with my family passed before my eyes so many times. I did get a job working with the Welfare Department, which helped, but the whole thing of seeing my family end was really awful. I couldn't rely on my father--he was too sick, but I don't think I would have anyway, for it was a personal time for me. My parents had given me so much, and it seemed like I was to use it all then. And I did; there is no question about it. My father died and I lived on. It was two years later before I came here, leaving a large part of the past and beginning some of it over again. Lots of good and

bad memories about the whole thing, and, fortunately, the good ones are most memorable. I was really alone and I learned about me and others just by being alone.

At the other extreme are the experiences of D. L., a low functioner, who felt a need for professional kinds of help with several of her negative experiences. About one experience, she said:

When I was in college I was dating a boy who I felt very close to and we established a great relationship. I was in a sorority and he was very much a part of my life. I went to a private school and I guess there were three or four thousand students there. It seemed that everyone at one time or another stayed out all night and we all covered for each other when we needed to.... Anyway, one weekend I spent the whole weekend with _____, and about three o'clock one morning the campus police and the Dean of Women came to his apartment.... The upshot of it all was that I was expelled from school. My parents were told, of course, and the whole scene was terrible. I felt like I had betrayed the whole world, especially my parents and the guilt I felt seemed unbearable. It was then that I first went to a counselor to help me deal with that experience. I felt I just had to have someone tell me I was okay I guess. I don't just think he ever did that because I still can't think about that time without feeling a lot of guilt and it still upsets me. In fact, my husband doesn't even know that happened, which is really silly because it wouldn't even matter.

In another of D. L.'s experiences, the same kind of pattern is evident and a sense of dependency on the professional comes through:

I had a retarded sister who was six years younger than I. I was never close to her at all, maybe because of the differences in our ages, and she was institutionalized when I was fifteen, and was in the institution until she died four years ago. That

was in _____, and I used to visit her, with my parents, once a year or so. I went to her funeral and came back with a terrible heavy feeling and tremendous guilt at not having ever tried to do very much for her all together through her life.... Those months were awful and I did go get some help from a psychiatrist here in town, who I still see frequently. He has helped me so much--I can't begin to even tell you how much. He'd do anything for me. He's done worlds for me in dealing with _____'s death and my whole life with her, but he's done so much in many other ways too. I can tell him anything I want to, and it seems I tell him the same things over and over again. We still talk about my sister too, and I think I'm beginning to understand why I feel so badly about that.

Because of the nature of the total sample, the writer feels that few, if any, of these women, had reasons for not seeing professional people for help. They are all of an upper middle class orientation and all were educated more than the general population. All but two were at least college educated. During the interviews, the writer felt that none of the women felt a stigma attached to professional help. She felt, as stated above, that the going to a professional by several of the low functioners was because they could not cope alone with the problems arising from the negative experiences.

Both groups of women used the non-professional help of friends, relatives and their husbands. The writer felt that this category was perhaps not well defined and became a catch-all. The subject was asked for the primary source of help and the raters then decided which source that was. In almost all cases of using help at all,

friends and husbands were used, but often only as people to tell the experience to rather than to get help from. None of these women is psychologically or physically isolated from other concerned people. Most were married and had families or were involved in other close relationships throughout their lives. Their positions in the community would also lead one to believe that their social circles would lend themselves to many friends and acquaintances with whom to talk on many levels.

Present Perceptions of Negative Experience With
Regard to its Negative or Positive Effect

In the discussion of the results of the integration of negative experiences, it was stated that the high functioners either accepted the negative experience so it would not have lasting negative effect on their lives or spent much time and energy "working it through" and integrating it completely into their personalities. The low functioning women, on the other hand, tended to try to work the experiences through and integrate them fully, but got caught up in the trying. For them, the experience was still seen as negative perhaps because it had not been taken care of by either method of coping. The high functioners, however, often related the experience as not forgotten, to be sure, but they did not let their negative experiences fog up their perceptions of the

world. For those experiences that they "put aside," it was as if the emotive part had been discarded, but the impression part had been filed for reuse in the future. It is as if they refused to let such experiences hamper their functioning in any way.

This explanation relates well to the time competence scale of the FOI. The high functioning group of women all were found to be more present oriented, one of the reasons for their self-actualizing status on the scale. They were, according to Shostrom, able to use the past and/or future to increase their awareness of the present. For this group of women, negative experience was positive now, in the present, because they had integrated it into the total processes of their lives and personalities. They seemed to be using what they had learned from the experience. The experience reported by P. T. above about her husband's death is an example of this. Another, reported by J. N., is also appropriate.

I've saved telling you about the whole experience of my divorce until last because it was by far the worst experience in my life, but has perhaps turned out to be the best. I look at it now as the beginning of a new and much better, more fulfilling life for me. The experience itself was pretty traumatic because I handled myself so badly--why, I remember begging my husband not to leave.... He left anyway, of course; why, I must have literally pushed him out.... It took me a long time to realize what we both had done to each other, but I grew so much during that time. Now, as I look back on it, I recognize many of the failings as

they were, and I also feel sure that I will recognize them if I begin to fall back into that kind of pattern. The hatred of him and myself is gone now and I'm glad. And when I look at myself now I get high just thinking about what I've become. This job, yes, that's a part of the whole trend, but it's me I've learned about and pulled together.... Why, today, I can....

The experience of J. P., with her former husband, quoted above, was one that was rated as negative-negative because of the "muddling" of the present perception of it. It was neither stored away for future use nor worked through completely. Another example of this kind of outcome is seen in the experience of T. C.:

I had a job many years ago that should have been good, but because of the prejudice I felt against me, it was terrible. Because I was a woman I felt that my decisions were not taken as valid by the people who had hired me. It really hurt when I was asked to do something or report on something and then it was brushed aside by my boss as being stupid or invalid because I had done it. I do think it was a chauvinistic thing and it makes me furious when I think about it.... In the two jobs I've had since then I feel some of the same things-- that I have to put out so much more than the men working with me just because I'm naturally not taken as seriously as they are. I can see and feel many of the same things happen over and over again. The things in that first job were worse than now, but I don't think it's gotten much better for me.

The raters felt that this subject did not learn much from the past experience and that it was still negative to her. She had refused to integrate it--to use it to her advantage; to find positive aspects in it.

Both groups of women reported that more of their negative experiences were still seen as negative than were seen as positive. This was true for 35 of a total of 60 of the high functioners and 47 of a total of 60 of the low functioners. Even though an experience was rated as having been highly integrated, the experience itself was often still negative. This can be seen in the following example. S. C. said:

Yes, I've learned so much from what happened then and I've pretty much accepted all of it. But I think there are other ways to learn the diverse things I've learned from that experience without the pain that was there. As I look at _____ and remember how bad it was at the time, it still seems like a bad experience. In other words, I'd sure not like it to happen again even though I've gotten a hell of a lot out of it.

In most of the death experiences reported, the subject also reported the present perception as negative because of the loss of someone close. It appears that just because an experience was highly integrated that experience did not necessarily become a positive one in the perception of the subject.

Results as Related to Counseling

The results of the research presented here have contemporary uses in counseling and psychotherapy. In recent years women have been faced by problems that are new to them because of forces in the "Movement." Many

more women are working outside the home and are confronted with problems of child care, home and family management, interpersonal relationships and others.

1. It was found that high functioning women integrated their negative experiences more completely than did low functioning women. The nominators for the study chose the high functioners partially on the basis of how they functioned both personally and professionally in the community. The low functioning were chosen because of their lower level of functioning in their various roles. In some ways, these women were visible in the community because of their level of functioning--how they performed on their jobs or in their personal lives. The fact of this visibility should have some implication for the counseling profession. In the outreach activities of the profession, and through the consulting services that counselors perform, these women may perhaps approach the professional. The counselor should make him or herself available in the community to such women. Too often the counselor surrounds himself by a "pine panelled" office, thereby making himself unavailable to many who might use his services. The consulting that professional counselors could do in community settings seems an especially productive way to insure his availability to such women as were studied here. The writer is not

implying that the counselor force his services on such women, but that he make himself available to them. The example of the woman who needed to be alone with her personal problem and refused the help of her college roommate speaks to the point of "readiness" for counseling. It is often fruitless for the counselor to initiate counseling, for the client may not be ready to work. If he, on the other hand, makes his services available, the client may come when she is ready to work.

2. That the low functioning women of this sample used professional help in the integration of their negative experiences is relevant to the counseling professional. This woman also did not integrate her negative experiences as completely as did the high functioner. It appears that professional helpers, although used by this group, are perhaps not dealing with the proper questions in their therapies. It seems to the writer that this group of women tends often to deal with the ideologic issues of liberation, womanhood, motherhood, and the like, while sometimes ignoring the more specific issues of the stresses of daily life. The counselors of these women are perhaps led by them and also deal with the ideologic rather than the more specific problems of the individual client. Perhaps the counselor should take the lead in such cases and deal with the daily problems of interpersonal

relationships in the home and job that may account for the client's discomfort. It seems possible, then, that the level of functioning of these women might be raised.

3. The high functioning group of women relied upon themselves for help in the integration of their negative experiences more than did the low functioning group. The high functioners also integrated the experiences more completely. This result indicates that it might be productive for counselors to work on developing a degree of self-dependency in low functioning career women. It seems that the higher functioning woman in this sample was more self-dependent, and this may have accounted, in part, for her higher degree of functioning. This perhaps indicates, that the counselor might better concentrate on helping low functioning women become generally more independent, rather than focusing on the presenting problem alone.

4. That the high functioners of the sample presently perceived many of their negative experiences as now positive is also of consequence to the counselor. The low functioning women still perceived many experiences as still negative. In listening to the tapes of the interviews, the writer felt that guilt was often still associated with many of the experiences for the low functioning women. To help increase the functioning of these women, counselors may need to help these kinds

of clients deal with this guilt. The counselor may then perhaps become instrumental in the changing of a negative experience to a positive one, and, as a consequence, help to increase the level of functioning of the client.

Conclusions

The conclusions of the study, as demonstrated by this sample of upper middle class women, are:

1. High functioning women integrate their negative experiences more completely than do low functioning women.

2. Low functioning women use the services of professional helpers more than do high functioning women. High functioning women depend more on themselves in integrating negative experience than do low functioning women.

3. High functioning women report more of their negative experiences as positive than do low functioning women.

4. High functioning women (higher integrators of negative experience) have a higher level of mental health than do low functioning women (lower integrators of negative experience).

Implications for Further Research

This writer suggests that the use of the POI was not necessary in the selection of her subjects. The nominators were chosen very carefully as people who were oriented toward identifying the study population and were, according to the POI, self-actualizing people themselves. For this study, the POI validated their nominations in all cases. It appears that the POI was a validating instrument for the use of careful nomination in research. This should have some implication for further research in the area. To eliminate the test seems appropriate, since the time element is an important one for high functioning people. The fact that they are high functioning suggests that they are involved people and have little time to participate in research. It would seem that the researcher could delve into more pertinent things if the time that a test requires could be eliminated.

The writer chose women as her subjects to eliminate sex differences in this research. She would expect to find similar differences if the study were replicated with male subjects, but it would be enlightening to look at data from a male population.

Also suggested as a study in itself would be a detailed analysis of the tapes of the interviews done for this

research. The writer felt intuitively at the time of the interviews that there were definite differences between the high and low functioning women. Some of these differences lay in the fashion in which they told of their experiences, the difficulty that many of the high functioners had in remembering the negative aspects of their experiences, and the fact that the low functioners' experiences were told in greater detail. The detailed analysis of some of these factors could perhaps be used to glean more knowledge about the characteristics of the high and low functioning women of this sample.

As discussed above, Landsman's definition of the beautiful and noble or high functioning person differs in orientation from the definition of Shostrom used in this research. Landsman's person is more compassionate and other-directed; Shostrom's is more self and inner-directed. It would be helpful to the area of experience theory if the present study were done with a sample chosen from Landsman's more other-directed orientation. An instrument needs to be developed using this orientation. The writer feels that such a sample would be similar to the one studied here, which was partially chosen by means of the Shostrom POI.

The present study points to the need for research on the independence or self-dependence of the high

functioner. The writer did not look at this characteristic but felt that it was basic in her sample of high functioners. Conversely, she felt that the low functioning women were more dependent. Research isolating this characteristic for study is needed.

Also interesting would be to replicate the present study using various other social and occupational classes of people. The writer feels that there would be differences if, for example, the high and low functioning women of this sample were compared to groups from other social classes or occupational categories.

The present study has implications for the quality of service that professional helpers are providing their clients. Were the helpers that the low functioners chose not skillful enough to be of service? Why did the women choose these particular people for help? Were there other helpers available to them at the time? Other questions to be asked have to do with the economic and social factors involved in seeking help. What was the expense involved in using the services of the professionals to whom these women went for help? Did the expense keep other of the low (or high) functioners from seeking help? Were there social or personal taboos put on the seeking of help? These and other questions need to be answered through further research.

CHAPTER VI

SUMMARY

Purpose and Design

The purpose of this study was to compare the integration of negative experiences of a sample of high functioning women and a sample of low functioning women. It is based on the symbolic interaction theory that in defining self, the individual evaluates himself on the societal standards of adequacy, worthiness, gratification and security. He constantly redefines himself as he experiences every day. During this constant redefinition, the individual develops a pattern of coping with experience that exhibits itself again and again in the process of living. Tested here was the theory that the level of functioning of the individual is related to experience, and it was found that the high functioning person in this sample did integrate her negative experiences more completely than did the low functioner. In Landsman's terminology, the beautiful and noble woman of this sample was able to use her experiences more completely than was the less beautiful and noble, which adds to the conceptual scheme he presented.

Landsman feels that the beautiful and noble person is one who seems so to others as well as to herself. Shostrom, basing his self-actualization inventory on the work of Maslow, feels that the person is more inner-directed, although he does include an "other" referrent. The sample for the present research was chosen in two ways. First, it was a nominated sample, which takes into account how the individual appears to others, the social factor. The women in the high functioning sample appeared to others as beautiful and noble and those in the low functioning sample as less so. These women were then tested by the Personal Orientation Inventory (POI), with its inner experience referrent. In all cases, the nominators and the test concurred in the grouping of the women into the two categories. It would appear that the social (other) and more personal (inner) referrents are inherent in both methods of selection chosen for this study, and that the orientations of both Landsman and Shostrom are accounted for in the research presented.

The 30 subjects selected were interviewed and given the Edwards Personal Preference Schedule (EPPS). All the interviews were tape recorded and rated or judged by trained graduate students or professionals in the mental health field. The raters did three appraisals

(see Appendix E): a rating of the subject's integration of each of the four negative experiences she reported; a listing of source of help and who the helper was; and a rating of the present perception of the experience as either negative-negative or negative-positive.

Hypotheses and Results

Hypothesis 1. High functioners integrate negative experience into their personalities more completely than do low functioners.

This hypothesis was tested by a t test of two independent means and was supported by the data ($p = < .001$). For this sample, high functioners did integrate negative experience into their personalities more completely than did low functioners. The data suggest that high functioners (high integrators of negative experience) either work through their negative experiences completely or cope with them by simply accepting their occurrence and going on with their lives. Low functioners (low integrators), on the other hand, appear to try to integrate the negative experiences but succeed only in "muddling" their lives. Duncan (1970) suggests that they accept negative experience easily and integrate it into their already negative self-concepts. The data collected here support Duncan's hypothesis, and also suggest that, although

low functioners work with the negative experience, trying to integrate it, they fail to do so.

Hypothesis 2. The individual's level of functioning will determine whether the type of help sought is professional, non-professional or no outside help sought at all.

Hypothesis 2a. High functioners will seek professional help with the integration of negative experience more often than will low functioners.

Hypothesis 2b. Low functioners will utilize self-help with the integration of negative experience more often than will high functioners.

Hypothesis 2c. Low functioners will seek non-professional help with the integration of negative experience more often than will high functioners.

These hypotheses were tested by chi square analyses. Hypotheses 2a and 2b were not supported by the data, but, in fact, the opposites of them were found to be significant ($p = < .01$ and $p = < .05$ respectively). The data suggest that the high functioners in this sample did not use professional help, but that the low functioners did. It was found that high functioners tended to depend on themselves more often than did low functioners for help in coping with their negative experiences.

Hypothesis 2c was not supported by the data. Both groups appear to use the non-professional help of friends, relatives and husbands.

Hypothesis 3. High functioners will report more negative-positive experiences than will low functioners.

Hypothesis 4. Low functioners will report more negative-negative experiences than will high functioners.

These hypotheses were supported by the data. It was found that, for this sample, high functioners changed the perceptions of their negative experiences to positive significantly more times than did low functioners. It might be hypothesized that this is a function of the more complete integration of negative experience into the personalities of the high functioning group.

Hypothesis 5. The greater the mean score of integration of negative experiences the greater will be the subject's present level of mental health.

The measures of mental health used here were three factors (achievement, intraception, and endurance) of the EPPS. Chi square analyses were done to test the hypothesis. When achievement scores were compared to integration of negative experiences, it was found that high achievement scores were significantly related to high integration scores. The same results were found

when intraception and endurance scores were compared to integration of negative experiences. Therefore, Hypothesis 5 was supported.

Significant differences were found, in this study, between the level of integration of negative experience of high functioners and low functioners. The high functioning sample of women integrated their negative experiences significantly more than did the low functioning sample. They did this either by spending time and energy consciously trying to work the experiences into their personalities or by recognizing the experience for what it was, accepting it and carrying on from there. The negative experiences, it seems, were aids in the expanding of their lives and in their being more able and equipped to lead more meaningful lives. The low functioning sample, on the other hand, appeared to be hindered, or, at least, not helped by their negative experiences. They seemed not to be able to get rid of them either by total integration or by putting them aside. These women also perceived more of their negative experiences as being still negative in effect.

APPENDICES

APPENDIX A
Instructions to Nominators

Thank you for agreeing to serve as a nominator in my research project on the integration of negative experience.

I am asking you to nominate, in global terms, ten women in the professional-managerial community who you feel are "high functioners" and ten women you feel are "low functioners." I want you to use criteria you personally prefer, but also to keep in mind the following criteria, which may help in your decisions.

Functioning	
High	Low
More present oriented	More past or future oriented
More inner-directed, independent, self-supportive	More dependent, seeks support from others
More flexible in application of values	More rigid in application of values
More sensitive to own needs and feelings	More insensitive to own needs and feelings
Higher self-worth	Lower self-worth

More self-accepting	Less able to accept self
Sees man as essentially good	Sees man as essentially evil
Accepts feelings of anger	Denies feelings of anger
Has warm interpersonal relationships	Has difficulty with warm interpersonal relationships

You will remain anonymous and all information received will be coded. Neither subjects nor other researchers will be informed of your nominations. Your name will in no way be associated with the research materials.

Again, thank you for your help in this important aspect of my study.

APPENDIX B

Invitation to Subjects

(After initial contact by phone)

I am conducting a study in order to discover clues to the nature of negative experiences in the lives of professional/managerial people in the community. You have been recommended to me as one who should be included in such a study, which I believe will add important information to the understanding of experience and levels of functioning.

I would appreciate your assistance by completing the short test included here and by granting me an hour of your time for an interview, which will be arranged at your convenience. I would like to inquire about some of the experiences you have had in your life. The interview will be tape recorded to insure accuracy, but all the information I receive will be coded to insure your anonymity.

I hope you will be able to help me in this project. The research is part of my doctoral program in the Department of Counselor Education at the University of Florida. Your contribution will be of particular significance in the successful completion of this project.

APPENDIX C
Interview Schedule

My study is concerned with negative experience-- experience that seemed "bad" or "harmful" or "hurtful" to you when it happened. I am going to ask you some questions about negative experiences you have had. Whatever you tell me will be held in strictest confidence and your name will not be connected in any way with your responses. Is this clear to you?

Would you tell me now about four of your negative experiences, beginning with an early one that you can remember?

(For each experience, the writer asked the following, probing to get as complete responses as possible.)

1. How old were you?
2. What happened?
3. Who was there? You and who others were the actors in the experience?
4. What were the consequences of the experience?
 - a. Then? How did you feel? Toward yourself-- did you feel okay or not okay? Toward others involved--did you feel okay or not okay?
 - b. Now? How do you feel about the experience now? Toward yourself--do you now feel okay or not okay? Toward the others involved-- do you feel okay or not okay?

5. What did you do as a result of the experience?
 - a. Talk to the others involved with you?
 - b. Seek professional help? If so, from whom? What was his/her role? Was an agency involved? Which one?
 - c. Internalize the experience--keep it bottled up inside you?
 - d. Talk to a friend?
 - e. Talk to a parent?
 - f. Talk to a brother or sister?
 - g. Talk to your husband?
6. Which of these (and/or others) did you do the most?
7. How did you decide who to go to?
8. Which of the experiences you have described has had the most impact on your life? Which next?

APPENDIX D

Information for Raters

You will hear four experiences on each tape. Please use the rating sheet provided to do your ratings. Use one rating sheet for each tape of four experiences.

1. Integration. Rate each total experience on the continuum by circling one level.

Low						High
0	1	2	3	4	5	

General definition of integration: Integration is the relatedness of all the processes in an individual. Specifically, the integration of negative experience refers to how well an individual has unified or related his negative experiences to all his processes. It is the feeling of wholeness or oneness as opposed to feelings of alienation from self. In integrating negative experience, an individual has learned from the experience, has understood it, and has made it a part of the self. It is not felt to be separate or distinct from the self.

Level definitions:

Level 1: The individual recognizes the experience as related to her, but has learned little or nothing from it and does not understand its meaning in relation to her self.

Level 2: The individual no longer sees the experience as separate and distinct from herself, but cannot relate it to her other processes. The experience stands outside the self, but there is some understanding of the experience.

Level 3: The individual sees the experience as a part of herself, but has not understood it. There is much to be learned from the experience before it becomes a part of her other processes.

Level 4: The individual understands the experience and has learned from it. It is not separate and distinct from the self, but has not been completely related to all the other processes of the self.

Level 5: The experience is a part of the self. The individual has learned from and understands the experience and has unified it within herself. She has dealt with the experience and has related it to all her other processes.

2. Help sought. Check the principle help sought for each of the four experiences and list the person (friend, counselor, minister, parent, etc.). For example:

Professional	<u>X</u> <u>therapist-psychologist</u>
Non-professional	_____
No outside help	_____

3. Present perception of each experience. Use the following definitions.

Negative-positive: An experience perceived as having harmful effects on the individual at the time of the experience, but perceived, when reported, as having had beneficial effects.

Negative-negative: An experience perceived as having harmful effects on the individual at the time of the experience, and perceived, when reported, as having had harmful effects.

APPENDIX E
Rating Sheet

Item	Experience 1	Experience 2	Experience 3	Experience 4
1. Integration (circle one)	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
2. Help sought (circle one and list helper)	Prof _____ Non-prof _____ None _____	Prof _____ Non-prof _____ None _____	Prof _____ Non-prof _____ None _____	Prof _____ Non-prof _____ None _____
3. Present perception of exper- ience (check one)	Neg-neg _____ Neg-pos _____	Neg-neg _____ Neg-pos _____	Neg-neg _____ Neg-pos _____	Neg-neg _____ Neg-pos _____

Rater comment:

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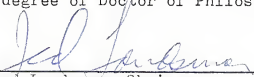
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BIOGRAPHICAL SKETCH

Mary Lemkau Horn was born May 17, 1940 in Baltimore, Maryland. She was graduated from Towson High School, Towson, Maryland in June, 1958, and received her Bachelor of Arts degree in sociology from Western Maryland College in June, 1962. Her junior year of college was spent at New York University studying sociology and philosophy. In June, 1963, she received her Master of Arts degree in sociology at Florida State University. That study was funded by a fellowship from the National Institutes of Mental Health and the degree is in Community Mental Health.


Ms. Horn was married in 1963 to Charles L. Horn and is the Mother of two children. During the years between 1963 and 1970 she was Residence Counselor at Florida State University, and Instructor in Sociology at the University of Wisconsin--Milwaukee. From 1970 to the present time, she has been working toward the Doctor of Philosophy degree in Counselor Education at the University of Florida. For three of those years she has worked as Intern and Post-Intern Fellow at the University of Florida Psychological and Vocational Counseling Center.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



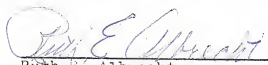
Ted Landsman, Chairman
Professor of Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



E. L. Tolbert
Associate Professor of Education

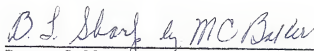
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Ruth E. Albrecht
Professor of Sociology

This dissertation was submitted to the Graduate Faculty of the College of Education and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

June, 1975



Dean, College of Education

Dean, Graduate School